

mpletely filled in by the funeral director and 2 should be filed within 72 hours of

	STATE OF MARY
FOR	DEPARTMENT OF HEALTH AND
- STATE REGISTRAR	CERTIFICATE OF

LAND **CERTIFICATE OF DEATH**

79-04862

- 4	1								KE	G. NO.			
1	LIVE	CEASED NAME	FIRST	A	AIDDLE	L.	AST		2a DATE OF DEA		DAY YEAR	2b. HO	JR
	,		CLORIA	N W		ANDE	ERSON		FEBRUARY	19,197	9	6: 45A _M	
	3. SEX	(RACE		5 DATE C			& AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS		
		Male		Blac	ck	12	24	1900	78	YRS		HOURS	MIN
	7e. BIF	RTHPLACE (STATE OR FO	WHAT COUNTR	RY? 8	XX NEVER MA	DDIED [BALTIMORE CITY OR COUNTY OF DEATH						
4		Maryland USA				WIDOWE	D DNO		e Georg	ge's		MD.	
3	10. CI	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSIN (#NOT IN SUCH FACILITY, GME STREET Doctors Hospit							12a USUAL OCCL	OST OF WORKING	12b. KIND INDUSTRY		ESS OR
2		Lanham					Pr. Geo). Co.	Dining	Car V	Valiter		
5	-13a S	L RESIDENCE (# NURS TATE Maryland	13P CON		13c. CITY OR TO		134. INSIDE CIT	Y LIMITS?	13.6223 A	ddisor	n Road		
	14. FA	THER'S NAME		IDDLE	LAST	ESSO II	15. MOTHER'S			n.e.		AST	
0	(Charles .	Ander	son			Madő	ra Ha	ndy	/(E	L/	451	
		AS DECEASED EVER		AED FORCES?	166 SOCIAL SE		17 INFORMAN	T	6223	DADDISO	N RD.		
		no			A5780	53620	ELEANOR	ANDER	SON SEAT	PLEASA	NT,MD 3	36-88	344
		18 CAUSE OF DEAT	H (Enter onl	y one couse per	line or (0)	ond (ct.)	,	-			BETWEEN	XIMATE INTE	RVAL DEATH
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		Conditions, if ony,		(b)									
		gove rise to immediate cause (a), stating the underlying cause lost											
				((c)									
	Z	PART 2 OTHER SIGN	VIFICANT C	onditions <u>cc</u>	NTRIBUTING 1	TO DEATH BUT	NOT RELATED T	O THE TERMI	INAL DISEASE OR	CONDITION G	IVEN IN PART I	(0)	
-	CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHI	CH OPERATION	N WAS PERFOR	MED	20a AUTOPSY?		ES, WERE FIND		
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-	3	OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC		H HOUR A.		DAY YEAR							
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	2	AT WORK AT WO	ORK	(ATTIOME, STA	ter, racioni, orri	CE, PARM, ETC.)		20	10			,	
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		say the Becease	ed alive and	view the boxy	Ifter death.	9 on	id that in (my) (a	ur) opinion d	death occurred on t	he date and he	our and from the	e couses st	oted
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	B	urial V	1.0	2/23	1797/	Lincol	n Memo		demeter		itland		
		INERAL DIRECTOR	100	w//.	Liberter	wa	U,	7	REC'D. BY REGIS	RAR 256. REGI	STRAR'S SIGNA	TURE	oly
	Stewart Funeral Home-4001 Benning Road, NE.										/		

DHMH-16 20M (VRA 15, 4) 7/78

TO HOSPITAL

should be detached for use os with the State Dept of Health TO FUNERAL DIRECTOR:

MPORTANT: If Item 21 is

morked or hem 18 shows ony

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 26. HOURN MIDDLE DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) ESTI-VIRGIL DEATH MATED 02 R 19 79 ANDERSON 4. RACE 3. SEX 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR 20. DATE LAST BIRTHDAY) PRONOUNCED Jan 18,1913 02 Male White 66 04,079 DEAD b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED U.S.A. PRINCE GEORGES Kansas WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS GREATER LAUREL BELTSVILLE HOSPITAL Carpenter OR INDUSTRY Contractor Laurel USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13. STREET ADDRESS washington Blvd. N. 13a. STATE 136. COUNTY 13c. CITY OR TOWN Howard Laurel Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME A PM MIDDLE MIDDLE Elizabeth Murphy David Anderson L. FORM 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS DIVISION (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 512-16-1212 same as #13 Yes WWII Ina M. Anderson 18. CAUSE OF DEATH (Enter only one cause per the for (a), (b), and (c) BETWEEN ONSET AND DEATH cleritie ander Vercular di seas PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2-DENER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 19g. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL YES NO [E DEPARTMENT (PRIOR JO BURIA BE 210 EXTERNAL CAUSE WAS 215. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC. WHILE AT WORK THE CITY OR TOWN COUNTY STATE DIRECTOR: F 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection ond in my apinian Notural causes DIRECT death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) EXECUTE THE C PAGE 4 SHOU TO FUNERAL E AFTER DEATH, BALTMORE, MA DEPUTY DATE 12800 WILLOW WIND CIRCLE EXAMINER'S NAME AUGUSTO P. RODRIGUEZ OXON HILL , MD 20022 ADDRES: 230. BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burtonsville, Mont. Md. Burial Union Cemetery BP FLECK LAUREL FUNERALDESHOME, INC. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) 7601 Sandy Spring Rd. Laurel, Md. 2081 15M 7/77

STATE OF MARYLAND

9-91-963 Codesian Barrena L. Birre The things are when the same and the same of the same SECOND THE PROPERTY OF THE PRO Hereight Control of the control of t NAME OF THE PARTY OF THE PARTY

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-04864 CERTIFICATE OF DEATH Middle Lost 20. DATE OF DEATH 2b. HOUR DECEASED-NAME First (Type or print) Month Allan James FEB 24 4 RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX lost birthdoy) DAYS MONTHS HOURS 1885 Feb. 21 Male Caucasian YRS 9), 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) Pr.Geo. U.S.A. WIDOWED DIVORCED | Iowa Md 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH pe during most of working life, even if retired.)

Ret.Optometrist þ give street oddress) INDUSTRY DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 shauld 2600-Queens Chapel Road Optical Col Hvattsville 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13b. FOUNTY Geo. admission) STATE YES NO 2600-Queens Chapel Rd. 2 Hvattsville Md. puo haurs 1S. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Middle Lost Pages Allan Ellen McGregar M. James 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unknown) (If yes give war or dates of service) Vergie L. Allan - above address 578-03-420] APPROXIMATE INTERVAL (Wife) 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: HRTERIOSCLERUTIC 10 deno DUE TO, OR AS A CONSEQUENCE OF CONGESTIVE HEITIET GENERALIZED ARTERIUSCLEROSIS Conditions, if ony, which gove: puo rise to immediate couse (a) DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse þ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) cremotian permit. 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES T NO [be al-transit UNDERLYING [21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) burial, 21a. ACCIDENT WAS 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notity medical examiner (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. Stote 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County While Not while of work 22a. I certify that (1) (this hespital) attended the deceased fram MAY 19 70, to FEB 24, 19 74, that (1) (we) last _19.29, and that in (my) (our) apinian death accurred an the date and have and from the saw the deceased alive an FEB 23 ATTENDING causes stated abave, (1) (we) (did) (did not) view the bady after death. haspital 22b. SIGNATURE 22c. DATE SIGNED Ment DEGREE froman. DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S ā QUEENS 1 HOMAS COLLINS MT NAME (Type) 2600 shauld t 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION. 23b DATE (County) (Stote) REMOVAL HOSTER LAVOMAN Ft.Lincoln Cem. Brentwood Pr.Geo. 2 Md. ADDRING Rainier Md 250 RECD BX REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Nalley's F.H. Inc. DHMH-16 1/71 30M Tintre McChead (VR A15 (4))

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IMPORTANT; If Hem 21 is morked or Hem 18 shows any injury, or other troumatic event, the medical examiner must be notified at once

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-04865

Topic State Stat		REGISTRAR					REG. NO	D. *			
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135 STATE Marylan 136 COUNTY COUNTY 136 CITY (UNITS) 136 STREET ADDRESS 136 STATE 136 MANDE 137 MODE 136 MODE 137 MODE 136 MODE 137 MODE 136 MODE 137 MODE 137 MODE 138 MODE	2		Leland Memori	ial Hos	nital		Construc	tion			
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VAND VALUE									Section Name		
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OR CONTRIBUTING CAUSE OF DEATH											
P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 14 HOME, STREET, FACTORY, OFFICE, FARM, ETC.] 21l LOCATION STREET CITY OR TOWN COUNTY STATE	9 8	210. ACCIDENT WAS UNDERLYING		DAY YEAR	21c. HOW INJ	URY OCCURRI	ED JENTER NATURE OF INJUR	Y IN ITEM 18, PART	1 OR PART 2)		
220. I certify that (I) (this hospital) attended the deceased from November 22, 19.75, to February 19, 19.79, that (I) (we) lost sow the deceased alive on February 19, 19.79, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated obove. It (we) (did) (did not) wew the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. ADDRESS Carl J. Houmann, M. D. 23c. ADDRESS Carl J. Houmann, M. D. 23c. NAME OF CEMETERY OR CREMATORY Removal 23d. DATE 23d. NAME OF CEMETERY OR CREMATORY Removal 246 N. Washington St. 25c. DATE REC. 287 REGISTRAR 258 REGISTRAR'S SIGNATURE 25c. DATE REC. 287 REGISTRAR'S SIGNATURE	1 3	(IF EITHER, NOTIFY MEDICAL EXAMINER)							The Box		
220. I certify that (I) (this hospital) attended the deceased from November 22, 19.75, to February 19, 19.79, that (I) (we) lost sow the deceased alive on February 19, 19.79, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated obove. It (we) (did) (did not) wew the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. ADDRESS Carl J. Houmann, M. D. 23c. ADDRESS Carl J. Houmann, M. D. 23c. NAME OF CEMETERY OR CREMATORY Removal 23d. DATE 23d. NAME OF CEMETERY OR CREMATORY Removal 246 N. Washington St. 25c. DATE REC. 287 REGISTRAR 258 REGISTRAR'S SIGNATURE 25c. DATE REC. 287 REGISTRAR'S SIGNATURE	0	21d. INJURY OCCURRED		FARM ETC.1		N	CITY OR TOW	/N	COUNTY	SI	ATE
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George R. Snowden Rockville, Md. 20850	(George R. Snowden						/	8	. /	

DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE BIRTHDAY PRONOUNCED DEAD 9. BANIMORE CITY OR COUNTY OF DEAT MARRIED NEVER MARRIED FOREIGN COUNTRY) USA WIDOWED DIVORCED Ohio 12b. KIND OF BUSINESS D.CITY OR TOWN OF DEATH II_NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK Crane Operator Lone COUNTY Ma STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Capitol Hts 1204 Nova Avenue Maryland Geo. YESK NO [] 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST Bailev Coblenz Charles Anna 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 6710 Poplar Ro (YES, NO. O. NO 166 SOCIAL SECURITY NO. (dau) Morningside Viola Christensen 578-09-2796 18. CAUSE OF DEATH (Enter only one cause perfine for (a), (b), and (c).) leur selectic carder vas cular de seas PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL, YES [] NO [] DEPARTMENT 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 218 PLACE OF INJURY (AT HOME, 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE WHILE AT WORK 270. I certify that I took charge of the remains described above, held an Autopsy DIRECTOR: death resulted fram: Natural causes Accident Hamicide Undetermined manner THE (SPECIFY) PAGE 4 SHOU TO FUNERAL DAFTER DEATH, BALTIMORE, EXAMINER'S NAM (TYPE OR PRINT) 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial 28Feb1979 Cedar Hill Cemetery Md tery Suitland Pg 24. FUNERAL DIRECTOR RObert DHMH-17 20M 1/73 Suitland, (VR A15 ME (5)) Wilhelm Funeral Home MD.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-04867 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH (TYPE OR PRINT) Fwb 21,1979 1:01P Shirley Baker Marie 4 RACE 3 SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH YEAR Female White 50 Feb 12. 1929 BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED Prince George's Md USA WIDOWED DIVORCED D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12b. KIND OF BUSINESS OR Home (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS Pr. Geo's Doctors Hospital Lanham DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 113c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 5610 Lanham Station Road Lanham YES X Maryland Pr. Geo's 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME William Henry Simmons Elizabeth Kane 60 WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) 578 38 3763 James C Baker Lanham, Md. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per Ime for (a), (b), one PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (& onditions, if ony, which gove rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 206 IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF NO F 210 ACCIDENT WAS UNDERLYING (216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED THE PLACE OF INTURY 211 LOCATION ö CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22.1 certify that (I) (this haspital) attended the deceased from sow the deceased alive an , and that in (my) (euc) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE DEGREE **ATTENDING** MEDICAL DIRECTOR PHYSICIAN PHYSICIAN MPORTANT: 22d. PHYSICIANS NAME (TYPE OR PRINT) 22e. ADDRESS should be with the S Hyattsville, Md J Richard Lilly 23d. LOCATION 23g. BURIAL CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY STATE (SPECIFY) Brentwood Pro Georges Md. Ft Lincoln Cemetery Burial 256. DATÉ REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 (VR A 15 (4)) F. Gasch's Sons P A Hyattsville, Md.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-04868 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE OF DEATH MIDDLE MONTH 2b. HOUR DECEASED NAME YEAR (TYPE OR PRINT) 79 1b:12A.M BARRETT 02 13 BALON MARIE 3 SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR after 10 YEAR AONTHS DAYS HOURS MIN 14 PAY 68 Caucasian Female 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Pennsylvania USA PRINCE GEORGES WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 26 KIND OF BUSINESS OR IS CITY OF TOWN OF DEATH 12ª USUAL OCCUPATION SOUTHERN MARYLAND HOSPITAL Retired Clerk IND TIS GOV t CENTER W. PRESTON ST., BALTIMORE, MARYLAND 21201 linton USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13n STATE 13b COUNTY 0xon Hill 13d INSIDE CITY LIMITS? 3419 Stonesboro Road 70 Pr.Geo. Md. YES [15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Bittenbender Barrett William ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 199 32 2392 Marie Joan Horne 3419 Stonesboro Rd Oxon Hill Maryland 18 CAUSE OF DEATH (Enter only one couse per line for 101 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF couse (o), stoting the underlying couse lost DIVISION OF VITAL RECORDS, 201 ONTRIBUTING TO DEATH BUT NOT RELATED TO THE MERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CERTIFICATION 0 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOF YES T NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mentol MEDICAL Ġ (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY ŏ STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive onand that in (my) (our) aginion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after dooth 22c. DATE SIGNED 226. SIGN KTORE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL PHYSICIAN 100 TO FUNERAL D should be detect with the Stote D MPORTANT. 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) Chester A. Dilallo 9131 Piscataway Road Clinton Maryland 231 NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE Drums Penna Burial 2-16-1979 Calvary Cemetery Luzerne Cty 24 FUNERAL DIRECTROBERT E Wilhelm Funeral Home 250 DATE REC'D. BY REGISTRAR 25b. RECISTRAR'S SICINATURE DHMH - 16 60M 1/75 Suitland Maryland (VR A 15 (4))

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH TYPE OR PRINTS Willard Wayne BEAVERS 3:07a M 4 RACE 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) HOURS male white 5/20/39 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY)" Wash. D.C. U.S.A. DIVORCED WIDOWED Pr. Georges 10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION 176 KIND OF BUSINESS OR INDUSTRY P (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Clinton County Gov't Southern Maryland Hospital Policeman. BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
138 STATE 1136 COUNTY 1136 CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Pr. Georges Brandwine Maryland NO IX Rt. 3 Box 437 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE LAST Willard Linton Beavers Harriet Margarite Simmons 60 WAS DECEASED EVER IN U.S. ARMED FORCES 16b SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) same as 213-38-0521 Wife Marilyn H. Beavers Yes Vietnam APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line to log lb), and c PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE ID PRESTON DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse to stoting the DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W. underlying PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO [21b. TIME OF INJURY 710 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 71f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 220.1 certify that (1)(this haspital) attended the deceased from 19 79 saw the deceased olive on. and that in (my) (aur) apinion death occurred an the date and hour and from the causes stated above, (1) (we) (did) (did not view the body after death 22b. SIGNATURE DEGREE 77c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS with the 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b DATE Bura 1 Croom, P.G., Maryland 2 - 1 - 79Thomas Cem. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR DHMH - 16 60M 1/75 (VRA 15(4))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-DATE OF BIRTH AGE (IN YEARS IF UNDER I YR IF UNDER 24 HRS DATE MONTH DAY PRONOUNCED 3-23 DEAD TO BIRTHPLACE (STATE OR SALTIMORE CITY OR COUNTY OF DEATH FOR Y MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Texas WIDOWED DIVORCED SHOULD BE FILED, 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE OR INDUSTRY Student RECORDS. 130 STREET ADDRESS CITY OR TOWN 13d. INSIDE CITY LIMITS? YES [NO [VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FORM PM MIDDLE MIDDLE LAST FIRST Raymond A. Beirne Juhasz Irma OF 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS DIVISION (YES, NO, OR UNKNOWN) WITH FC. 212-68-2068 Same as # Raymond A. Beirne APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 5" IN PENCIL IN ITEM 18.
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BURIAL-TRANSIT PERMIT. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY HYGIENE DIVISION OF VITAL RECORDS, 301 W. PRESTON ST IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF OR REMOVAL. rumetre injuries Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. OR CHIEF MEDICAL EX SE USED AS A BURLA T OF HEALTH AND A CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION . DATE OF OPERATION 20 AUTOPSY? BURIAL, MINIOPERTONIA YES A NO T ORWARDED TO THE C R: PAGE 3 SHOULD BE IE STATE DEPARTMENT C C 27201 PRIOR TO BURIAL BE CAUSE WA 716 TIME OF INTURY UNDERLYING 00% CONTRIBUTING CAUSE OF DEAT 21f LOCATION AT WORK NOT WHILE 710 EXECUTE THE CERTIFICATE,
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TO FUNERAL DIRECTOR: P.
AFTER DEATH, WITH THE ST.
ALTIMORE, MARYLAND, 23. 220. I certify that I took charge of the remains described above, held an Inspection Inquiry Accident Suicide Hamicide ___ Undetermined manner death resulted fram: Natural caures TITUS (SPECIFX) EXAMINER'S NAME Colles (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 2-15-79 Sacred Heart Ch. Cemeter Bowie 24 FUNERAL DIRECTOR Robert G. Beall DHMH-17 20M 1/73 250, DATE REC'D, BY REGISTRAR 256, REGISTRAR'S SIGNATURE Funeral Home (VR A15 ME (5)) 9013 Annapolis Rd. Lanham. Md. 107

		FOR STATE		STATE OF MENT OF HEALTH	AND MENTAL HY	GIENE 04871	
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	16a. V	Albert VAS DECEASED EVER IN U.S. AI	MED FORCES? 166. SOCIA	L SECURITY NO.	Nancy 17 INFORMANT	ADDRESS	Adams
BALTIMORE, URS AFTER DE B. GIVE PAGE: WITH FORM WITH FORM DIVISION ON	(Y	S, NO, OR UNKNOWN] (IF YES, GIV	war or dates) 225-	10-7348	Albert L.	Belcher - sa	me as above
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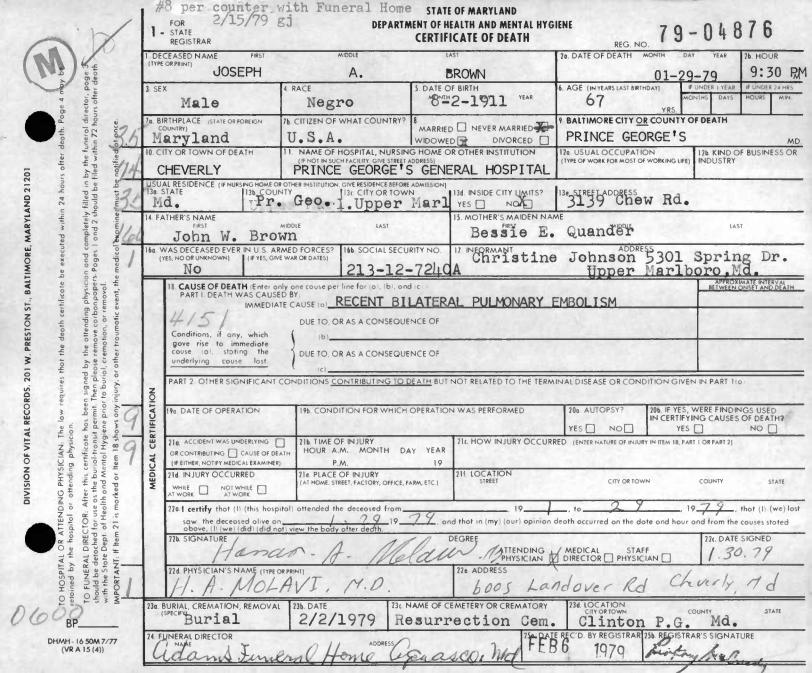
STATE OF MARYLAND

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A	V				STATEC	FMARYLAND		
70.	~		FOR	DEPARTA	MENT OF HEA	THE AND WENTAL HY	GIENE	20 01072
11			STATE REGISTRAR	MEDICALE	XAMINER'	S CERTIFICATE OF	DEATH REG. NO	19-04013
THE RESERVE		Name of the last	CEASED NAME FIRST	WIDDLE		LAST	REO. 144	
1 80			E OR PRINT!	1	2	Palicel	20. DATE KNOWN A	
1	ES. ET.		Francis	A.	(A)	KOWN	DEATH MATED	2-17 19/9 M
	一	3. SE)	4 RACE			F UNDER 1 YR. IF UNDER 2		MONTH DAY YEAR 24 HOUR
	Z S T S Z	14	ale Bleck	MONTH DAY YEAR	/ /	AONTHS DAYS HOURS	MIN PRONOUNCED 2	-12 79 2
	\$100 Z O	1. 0	RTHPLACE (STATE OR	Th. CITIZEN OF WHAT COUNT	YRS.			N COLUMN OF THE S
-	ES THI	F9	REIGN COUNTY!	The State of the County	KT? M	ARRIED NEVER MARRIED	D D DETIMORECITY	OR COUNTY OF DEATH
	SAN	141	aniland	U. J.F.	WIE	DOWED DIVORCED	- Ilmace	THE MD.
	I WE	10.CI	TY OF TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME, OR	OTHER INSTITUTION //		PE OF WORD 12b. KIND OF BUSINESS
	FELAY IS NECESSABY PLEATE TO THE FUNERAL DIRECTOR I PAGE 5 FOR YOUR FILES. BE FILED, WITHIN 72 HOURS SS, 301 W, PRESTON STREET.	10	heres las	OT IN SUCH FACILITY, GIVE	REET ADDRESS	nopal las	OF MOST WORKING LIFE)	OR INDUSTRY
	DS. DELA	USUZ	L RESIDENCE (IN INCHURSING HOME OR	OTHER INSTITUTION CIVE BESIDENCE		HERAL HOSE	HAIRED.	-000.
5	ANY DE AND 3 T RETAIN YOULD B	Bok	ATE 136 COUNT	13 CITY	OR TOWN	134. INSIDE CITY LIMITS!	13e STREET ADDRESS	- N 1
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		14. F	ER'S NAME			15. MOTHER'S MAIDEN	INAME	1.11
MD.	PM ST.	K	show the	Promal	AST	MARK	To be mod.	11. 110
E,	FTER DEA	Ida V	AS DECEASED EVER IN U.S. ARMI	ED EODCESS LAN SOCI	AL SECURITY NO	17. INFORMANT	ADDRESS	4
W	N S S S S S S S S S S S S S S S S S S S	{Y	5. HO, OR UNKNOWN) LIF YES, GIVE W.		11 ~	27 0	315 - Cappet	ug con cours
BALTIMOR	URS AFTER DE. 8. GIVE PAGES WITH FORM I. PAGES I AN DIVISION OF		163	578	-16-52	JE VORO	THY ISYOU	en-wite
	W. W. W. D.	7	18. CAUSE OF DEATH (Enter only	one cause per line for (a), (b),	and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.			PARTIDEATH WAS CAUSED		suleur	a Churched	Freulos des	ELA-2 C BETWEEN ONSET AND DEATH
W. PRESTON ST	N 24 HO I TEM 1 ALONG PERMIT		14900 IMMEDIATE	DUE TO, OR AS A CONS	EQUENCE OF			
ST	A F F F F		Conditions, if any, which	DUE TO, OR AS A COINS	SEQUENCE OF			
0X	NA AN A		gove rise to immediate	(b)				
	DIED WITH N PENCIL II EXAMINER HAL-TRANS MENTAL I		cause (a) stating the under-	DUE TO, OR AS A CONS	SEQUENCE OF			
301	FECUTED WITHIN 24 HC 3" IN PENCIL IN ITEM 1 AL EXAMINER ALONG BURIAL-TRANSIT PERMI IND MENIAL HYGIENE, ON, OR REMOVAL.		lying cause last.	(4)				
δ,	"PENDING" IN "PENDING" IN IEF MEDICAL E SED AS A BUR : HEALTH AND CREMATION, C		PART 2 OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT NOT BELAT	EO TO THE TERMINAL O	ICEACE OF CONDITION CIVEN IN BART	T./	
2	PIN	z	1 9 milhit		colles		1 (0).	
ů,	MEDIN MEDIN AEDIN AS A ALTH EMATH	9	1 comment					
=	HIEF HIEF USED DF HE	3	190. DATE OF OPERATION	19b. CONDITION FOR W	VHICH OPERATIO	N WAS PERFORMED?		20. AUTOPSY?
DIVISION OF VITAL RECORDS,	HOTTON /	CERTIFICATION						YES NO
~	ERTIFICATE SI ING THE WOR ING THE WOR ED TO THE G 3 SHOULD BE SEPARTMENT RIOR TO BURIA	1 2	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY	21	c. HOW INJURY OCCURRED	LENTER NATURE OF INJURY IN ITEM 18	
0	FICA THE ADDITION TO BE	1 =	UNDERLYING OR	HOUR A.M. MONTH	DAY YEAR			
ō	C THE TO ARE	Š	CONTRIBUTING CAUSE OF DE	2Te. PLACE OF INJURY	19	LOCATION		
<u> </u>	CERTIF TING DED TO E 3 SHO PRIOR	MEDICAL		STREET, FACTORY, FARM, ETC		STREET	CITY OR TOWN	COUNTY STATE
٥	E, WRITING RWARDED PAGE 3 S STATE DEP	1	AT WORK AT WORK					
	R: THIS RE, WR RWAR : PAGE STATE 21201			(4)			Inquiry an	.,
			22a. I certify that I took charge		re, held on A	utapsy . Inspection	, Inquiry , on	nd in my apinian
	A T B D T A		death resulted fram: Natura	causes , Accident	U, Suicide	, Hamicide	Undetermined manner	
	CERT CERT UID DIRE WITH		······································	inst.		TYTLE SPECIFY)		m 12 76
	CAL EXA THE CER SHOULD RAL DIR ATH, WI RE, MARY		SIGNATURE / SULLS L	6 Hodiefel	2/	-M. D. Freder	MEDICAL EXAMINER	DATE SIGNED
	SH SH		1	20 6/1				, -
	AED CON	-	EXAMINER'S NAME TU GUS	TO FRODEIGE	ias	1280711	Ikow Wind Civ	Ele Mutallan
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL I AFTER DEATH, BALTIMORE, MA	22.5				ADDRESSE		17.5
A 4	EMSE 48		urial	0 /3 = / = 0		RY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY OF STATE
00	BP			2/13/14 K	esurrec	tion Cemete	ry Clinton	, Maryland
	DHMH - 17		INERAL DIRECTOR	VI. Dew	an		C'D BY REGISTRAR 255 REG	ISTRARY SIGNATURY Chanda
	(VR A15 ME (5)) 30M 7/73	S	tewart bunera	1 Home-4001	Bennin	g Road, NE.	LED % 3/3	' /
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STATE OF MARYLAND



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Ma1.30				

			STATE OF MAKTLAND		
1	FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	79-04877
	CEASED NAME FIRST	MIDDLE	LAST	28 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(14)	E OR PRINT) Maran	not Buckon	o n)	2/	24 /19 6-A M
3 SI		4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	temale,	Paucasias	MONTH DAY YEAR	71 YRS.	MONTHS DAYS HOURS MIN.
7e. E	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	Y OF DEATH
13	UIR WINIA	U.S.	WIDOWED DIVORCED	Prince Oscin	ges County Mo
10.0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	12h. KIND OF BUSINESS OR INDUSTRY
74	reen belt, mobil	Uneen helt (convalescent center		Grocery Store
	AL RESIDENCE (IF NURSING HOME OR STATE 134 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TY (3c, CITY OR TOWN		13e. STREET ADDRESS	Λ
	Ma. Muno	e bronger College	Park YES NO []		ter Park Dru
14. F	ATHER'S NAME FIRST N	NIDDLE LAST	15 MOTHER'S MAIDEN NA	AME	LAST
Pale		eckenridge Buck		Blackstone	White
160	WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) 1 IF YES, GIVE	WAR OR DATES)		5502 THEYson	
	NO -	- 227-14-	3023 Bertie Petti	t Hyattsville,	
	18 CAUSE OF DEATH (Enter onl PART I, DEATH WAS CAUSED	y one cause per line for (a), (b), one	Ic.,		BETWEEN ONSET AND DEATH
		E CAUSE (0) CATO FAC	arrest		
	4-140	DUE TO, OR AS A CONSEQUE	NCE OF	1 haces.	14 14
1	Canditions, if any, which gave rise to immediate	(b) /1-121	coschiohr Iteo	rt Aven	Mnthr
	couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE	NCE OF		
		((c)			
z	PART 2 OTHER SIGNIFICANT C	-4	EATH BUT NOT RELATED TO THE TERM	winal disease or condition given 1978	EN IN PART I(a)
⊣¥	19g DATE OF OPERATION	MYOCAN WE'C	OPERATION WAS PERFORMED		S, WERE FINDINGS USED
9 8				IN CERTI	FYING CAUSES OF DEATH?
CERTIFICATION	218. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18,1	
	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	216. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	211 LOCATION		
ž	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	RM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
	22a.1 certify that (1) this haspit	al) attended the deceased from_	19 19 79	7 10 129	19 11 , thot (1) (we) fast
1	sow the deceased alive on above, (I) (we) (did) (did not	2/22 197	and that if (my) (our) opinion	death occurred on the date and hou	or and from the couses stated
	22h. SGNATURE	view the body after death	DEGREE		224. DATE SIGNED
	J Stels	achillo 1	DO. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2/24/71
	226. PHYSICIAN'S NAME (TYPE OR	PRINT)	22e ADDRESS	2 . / .	
			Greenbett W	rotessional Center	
23a	BURIAL, CREMATION, REMOVAL	23b. DATE 23c N	AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
	Burial	Feb. 27.1979 G	reenlawn Cemetery		Caroline CoVa
24	UNERAL DIRECTOR	10 DRIV		TE REC'D. BY REGISTRAR 256. REGIS	
8 V	V.W. CHAMB	ERS CO- MI	RYLAND	LED YO 1910	

FOREST T. CONTROL T. CONTROL TO SERVING STREET

AND ASSOCIATE THE PROPERTY OF THE PROPERTY OF

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR 20. DATE JERAL DIREC LAST BIRTHDAY PRONOUNCED 20 YRS DEAD 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Washington, D.C WIDOWED [DIVORCED ovques PAGE S FILED, NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USHAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS MOST OF WORKING LIFE CLERK OR INDUSTRY 3. RETAIN PA SHOULD BE F LL RECORDS, 3 Merchandise ISUAL RESIDENCE LIFTH HURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION | 13d | INSIDE CITY LIMITS? | 13e. STREET ADDRESS | YES | No 1 9405 Chestnut Park Street Pr. George 3ª STATE Maryland Richie OF VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Redden Dewey Erma Brooks 16e. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS PAGES 1 (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 219-72-5681 No Richard W. Cain Same as 18. CAUSE OF DEATH (Enter only one couse per APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: will care Walkeryounder IMMEDIATE CAUSE MENTAL HYGIE OR REMOVAL DUE TO, OR AS CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. AND ATION PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c. CERTIFICATION USED OF HEA 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL YES M NO T BE 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) MONTH DAY OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEA PRIOR 21d INJURY OCCURRED 21e PLACE OF ANJURY 211. LOCATION AT WORK AT WHILE STATE [TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 91. 22e. I certify that I taak charge of the remains described above, held an -Autopsy death resulted fram: Notural causes Suicide Hamicide Undetermined manner SIGNATUR MEDICAL EXAMINER (TYPE OR PRINT) HULCUS TO 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Clinton PR. George Md. Resurrection Cem BP Funeral Home, Inc. 250. DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) Ferry Rd. Clinton, Md. Alexander 15M 7/77

088/0-85 W. S. W. C. C. Connection mariand Ur. Gaorge Michie W W W W W W Chestame William Service e cord Tale 12-50-81 Literard L. Cain Same and There's the marial alleb. 5,1679 them rection Cen. Wiinfor In. Copression.

EPARTMENT OF HEALTH AND MENTAL HYGIENE		-			^		^	0	
CERTIFICATE OF DEATH	REG. NO	1	9	-	U	4	g	8	Ī

ין	- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	. 79	-04	881	
	ECEASED NAME	FIRST		MIDDLE	Ĺ	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
L	Will:	iam	ES	L.	Can	n Sr	February		1979	2:00 p/	
3. SI	male		white		5. DATE C MONTH Mar	DAY YEAR	6. AGE (IN YEARS LAST BIRT	-	UNDER TYEAR		
	BIRTHPLACE (STATE OR FO	REIGN 7	U S	MHAT COUNT	RY? 8 MARRIEI WIDOWE	NEVER MARRIED	9. BALTIMORE CITY O Prince Ge		F DEATH	M	
CF	CITY OR TOWN OF DEA Hyattsville		Manor	Care N	ursing	ROTHER INSTITUTION Home	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O US Gove)	F WORKING LIFE)	INDUSTRY	of Business o	
	UAL RESIDENCE (IF NURSI STATE Md	ng home or o 13b COUNT Pro G	other institution	GIVE RESIDENCE BI 13c CITY OR T Hyatts	OWN Ville	134. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	Longfel	low s	t	
4	FATHER'S NAME FIRST William	Lewi		LAST			tta	Kersha		AST	
	WAS DECEASED EVER I (YES, NO OR UNKNOWN)		MED FORCES?	578 20	6 8325	William L C	ann Jr	Hyattsv			
	18 CAUSE OF DEATH PART I, DEATH W	(Enter only	DV						BETWEEN	XIMATE INTERVAL NONSET AND DEATH	
			CAUSE (o)	Congest	ive hea	rt failure			Thr	ee days	
NO		lost	(c)	R AS A CONSE		NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN	IN PART 1	(01	
CERTIFICATION	190 DATE OF OPERAT	190 DATE OF OPERATION 196 CONE			ITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 206. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA			
100	210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA	AUSE OF DEAT	n .	FINJURY M. MONTH DAY YEAR M. 19		21c. HOW INJURY OCCUR	OW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PA				
MEDICAL	21d. INJURY OCCURR WHILE NOT WH AT WORK NOW	ILE 🗍	21e PLACE (AT HOME, ST				CITY OR TOWN COUNTY			STATE	
	220.1 certify that (1) saw the decease above, (1) (we) (d	d alive on.	Februa	ry 4	/(1	od that in (my) (our) opinion	to Februar death occurred on the de		nd from th		
	22b. SIGNATURE	rl):	Jour	cun			MEDICAL STAI			5-79	
1	Carl J.					4404 Queenst	oury Road, E	Riverda	le, M	d.	
	BURIAL, CREMATION, I (SPECIFY) Buria		Feb 7	, 1979		emetery or crown ory ist-Episcopal	23d LOCATION CITY OF TOWN Marshall	town Ch			
24	Funeral director	Sons	PAH;	yattsvi	lle, Md	250 DAT	E REC'D. BY REGISTRAR	256-REGISTR	AR'S SIGNA	TURE	

DHMH - 16 50M 7/77 (VR A 15 (4))

retained by the hospital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physici should be detoched for use as the buriol-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

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						STAT	E OF MARYLAND						
	1.	FOR STATE			DEPART		IEALTH AND MENTAL HY	GIENE	7	9-04	883		
		REGISTRAR				CERTIF	ICATE OF DEATH	REG. I	NO.	9-04	003		
		CEASED NAME	FIRST	LIA '	KIODLE E .		CADD	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR		
		e nad	~	CLIA			CARD		5	27 79	3.42 W		
	3 SE	х `	-	4 RACE					RTHDAY)	MONTHS DAYS	IF UNDER 24 HRS		
		+		Caucas	sian	3	31 1900	78	YRS	MONTHS DATS	HOURS MIN		
e c	7a. Bi	IRTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF WHAT COUNTRY? 8			D NEVER MARRIED	NEVER MARRIED 9 BALTIMORE CITY O					
100		Germany		U.S.A.		WIDOWE		Pr.Geo	•		MD		
Lied	10 C	ITY OR TOWN OF DEA	TH		HOSPITAL, NURSI		OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST			OF BUSINESS OR		
100		Cheverly		Pr.Ge	eo.Hospit	tal		Ret. Beau	ticiar	n-Self E	imployed		
st be	13a. S	AL RESIDENCE (IF NURS	136 COUN	OTHER INSTITUTION.	GIVE RESIDENCE BEFOR		113d INSIDE CITY LIMITS?	13e STREET ADDRESS					
2		Md.	Pr.G	90 •	Mt.Rair	nier	YES NO	4209 - 21	3th St	t.			
a une	14 FA	ATHER'S NAME	,	AIDDLE	LAST		15 MOTHER'S MAIDEN NA	MIODIE			CT.		
		Roman			Bishor	0	Julian			Form	•		
O I		WAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDI	RESS 90	026- 49t	h Ave.		
ae a		No	-		579-01-8	3940	Ethel A.Pos	t - Colle					
the the		18 CAUSE OF DEAT	H (Enter on	y one cause per	line for to . (b , a)	nd c	(Sister			BETWEEN	ONSET AND DEATH		
- ven		PART I. DEATH W		D BY: E CAUSE (o)	212	90	Buenn	AINGO					
0110	13	4340		DUE TO, OI	r as a conseou	IENCE OF							
000		Conditions, if any,	which	(b)	Can	br	ed Thro	oisodn		The section			
ter te		gave rise to imm couse (a), statin	g the	DUE TO, OF	R AS A CONSEQU	ENCE OF							
10		underlying couse	lost	((c)					100				
٠,٢	7	PART 2 OTHER SIGN	VIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	NDITION G	IVEN IN PART 1	0		
ġ	0			Coron		HY		rost					
50	CERTIFICATION	19a DATE OF OPERA	ION	196 CONDI	TION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YE IN CERT	ES, WERE FINDI	NGS USED OF DEATH?		
30	RTIF							YES NO	Y	res 🗌	NO 🗌		
6 G		OR CONTRIBUTING		216. TIME O HOUR A.	FINJURY M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18,	PART 1 OR PART 2)			
Ter	CA	(IF EITHER, NOTIFY MEDIC	AL EXAMINER)	P./		19				1000			
0 0	MEDICAL	21d INJURY OCCURE		21e PLACE ((AT HOME, STR	OF INJURY SEET, FACTORY, OFFICE.	FARM, ETC.)	211. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE		
A Y		AT WORK AT WO	RK L										
ē E	183	22a.1 certify that (1)						, to	-	1	that (I) (we) lost		
-		sow the decease obove, (1) (we) (c	did) (didao	7 - 2 view the body		1	nd that in (my) (our) opinion	deoth occurred on the	date and ho				
i i		226. SIGNATURE	0	Vana	1 0	DEGREE ATTENDING			MEDICAL STAFF 220 DATE SIGNED				
7		K	10	V-422	14	7)	PHYSICIAN [DIRECTOR PHYS	ICIAN 🗌	7 7	28/29		
X I		22d. PHYSICIAN'S NA	AME (TYPE OF	PRINT)	THEW	1	22e. ADDRESS 37	00 ED17	~	HTC31	Min /		
2				1 41	1400	9	Ityp	IVLTT	C C K.	md.	いりゃっ		
2	23 a. E	BURIAL, CREMATION, SPECIFY Burial	REMOVAL				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE		
-				3/1/19		t.Lin	coln Cemetery	Brentwoo		Georg/	ald de		
	24 FL	NAME DIRECTOR N	alley	s F.H.I	Inc . ADDRESS	Mt.R	ainier, Md. 25 WA	HEC.D.BA BEER DA	256 REG18	TRANSSIGNAT	URE		

DHMH - 16 60M 1/75 (VR A 15 (4))

(a)	FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-14884

CERTIFICATE OF DEATH REG. NO. MIDDLE 20. DATE OF DEATH 1. DECEASED NAME LAST 2b. HOUR (TYPE OR PRINT) Kathleen 02 - 27 - 79Carpenter 2:30P M 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS Dec. DAYS HOURS 1917 61 White Female To. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED W. Va. USA Prince George County WIDOWED DIVORCED T 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Lsurel Paper Mil Greater Laurel Beltsville Hospita USUAL RESIDENCE (IF NURSING MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR JOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Ann Arundel Laurel Md. YESOK NOF 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Nelli MIDDLE Van Pelt LAST Carpenter George 166 SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? **ADDRESS** 17 INFORMANT (YES, NO OR UNKNOWN) Delores Carpenter (IF YES, GIVE WAR OR DATES) 217 05 0456 Laurel Md. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: Wence oma Sec. to IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o), stating the underlying couse lost PART 2. OTHER TOUTH GANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 190. DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20g. AUTOPS IN CERTIFYING CAUSES OF DEATH? NO YES [NO [] 21a. ACCIDENT WAS UNDERLYING 216. TIME OF MURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 22a.1 certify that (I) (this hospital) attended the deceased from, sow the deceosed olive on 2 - 2 and that in (my) (aur) apinion death occurred an the date and hour and from the causes stated oboye, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL m .. PHYSICIAN D DIRECTOR PHYSICIAN 22d. PHY I'S NAME (TYPE OF PRINT) 22e ADDRESS MARILHO 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY Westermort Allegany 3/2 Philos Cemtery Burial

BP. DHMH - 16 60M 7/73 (VR A 15 (4))

Boal's Funeral Service. "esternport, Md. 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

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TO MEDICAL EXAMINE EXECUTE THE CERTIFICA PAGE 4 SHOULD BE FO TO FUNERAL DIRECTOR AFTER DEATH, WITH THE BALTIMORE, MARYLAND.		ACTUAL SIGNATURE	isto for	folyjus	M.D. (SPECIFY)	_MEDICAL EXAMINER	DATE 1-6	-19
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1	23a.E	SURIAL, CREMATION, REMOVA		23c. NAME OF CEMETE	RY OR CREMATORY	23d. LOCATION / 1002	COUNTY	STATE
		BURIAL UNERAL DIRECTOR	2-9-79	GATE OF HE	AVEN CEMETERY	WHEATON.	MARYLAND	
		ohn T. Rhines	CO 3030	12th Stroct		C'D. BY REGISTRAR 256. REG	GISTRAR'S SIGNATURE	dy
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-04888 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH (Type ar print) Year Antimo Chiaccheiri 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) DAYS MONTHS HOURS White 2/28/02 9. COUNTY OF DEATH 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED Ttily U.S.A. DIVORCED [Prince Georges WIDOWED [10. CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) 8440 Fort during mast af warking life, even if retired.)

Retired INDUSTRY BALTIMORE, MARYLAND 2120 Oxon Hill Foot Rd Construction 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY within Foot Rd. 14. FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First Camillo Chiaccheir Maria D. Mitino 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFO 9705 Indian Princis Add Dr. Oxon Hill Yes, na, ar unknown) (If yes give war or dates of service) 285-10-1140A Andrew A. Chiaccheiri Md. 18. CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c).) DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave ? rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause requires that the PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO P 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notity medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at wark 220. I certify that (I) (this haspital) attended the deceased from 1970, to 1974, that (I) (we) lost sow the deceased alive on 1972, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the body ofter deoth. 22b. SIGNATURE ATTENDING DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS shauld of Heal 23c. NAME OF CEMETERY OR CREMATORY 23d. COCATION (City or Town) 23b. DATE 23a. BURIAL, CREMATION, (Caunty) Ft. Lincoln Vemetery Brentwood. P.G. Md. ADDRESS : 25b. REGISTAR'S SIGNATURE Tee Funeral Home Inc. 25a. REC'D BY REGISTRAR 6633 Old Alexander Ferry Rd. Clinton MdFEB 1 5 1979 (VR A15 (4))

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Rd., Suitland, Md.

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Funeral Home

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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OR CONTRIBUTION COUNTY OUT OF COUNTY	RTIF		164.97							NO 🗆	
(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK			110110 4		AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18,	PART 1 OR PART 2)		
228 I certify that (I) (this hospital) attended the deceased from DEC., 19 70, to EED., 19 74, that (sow the deceased alive on FED. 23 19 79, and that in (my) (sow) opinion death occurred on the date and hour and from the cause above. (I) (we) (did) (did sol) view the body after death. 226. SIGNATURE DEGREE 226. DATE SIGN	3		~111								
22a I certify that (I) (this hospital) attended the deceased from DEC., 19 70, to EED., 19 74, that (sow the deceased alive on FED. 73 19 79, and that in (my) (sow) opinion death occurred on the date and hour and from the cause above, (I) (we) (did) (did sol) view the body after death. 22b. SIGNATURE DEGREE 22c. DATE SIGN							CITY OR TO	WN	COUNTY	STATE	
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226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF		sow the deceased alive a obove, (1) (we) (did) (did)			79, or	nd that in (my) (***) opinion	death occurred on the a	tate and ha	ur and from the	couses stated	
ATTENDING MEDICAL STAFF			2 1	A.	8				22c. DATE	SIGNED	
PHYSICIAN DIRECTOR PHYSICIAN Z Z-Z		X20 1	1. (2	ello	ne	ATTENDING PHYSICIAN			2-	-27-79	
22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	^							
LEO M. CURTIS, M.D. 8218 WISCONSIN AVE, BETHESDA, MD.		LEO M	. CUR	TIS. M	. D.	8218 WISCOMS	ON AVE, BE	ETHES	DA M	D.	
236 BURIAL CREMATION, REMOVAL 1236, DATE 1237 NAME OF CEMETERY OR CREMATORY 1234, LOCATION	3a B	URIAL, CREMATION, REMOVA			NAME OF C		23d. LOCATION			STATE	
Burial 3/3/79 St. Johns Hollywood St. Mary's	IS	Burial	3/3/	79	St. J	ohns	Hollywo	od S	t. Mary	I a Md	
24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE		INERAL DIRECTOR		1000000		250 RAI	E REC'D. BY REGISTRAF	25K REGAS	TRAR'S SIGNAT	URE	
W. Clarke Mattingley Leonardtown, Md. MAR 5 1979	T.T	. Clarke Mat	tingle	y Leonai	rdtow	n, Md. MAR	5 19/9	and a	my/rock	and a	

BP DHMH - 16 50M 7/77 (VR A 15 (4)) TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 shauld be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayol.

IMPORTANT: If them 21 is marked or them 18 shaws any injury, ar other troumatic event, the medical examiner mays be not if

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRA	9 - 0 4	892								
	1 DECEASED NA (TYPE OR PRINT)	Margueri		C. C	OMBS	AST	February		79 YEAR	26 HOUR 11:50a	
	Female 4 RACE White				July	F BIRTH 18,041899EAR	6. AGE JIN YEARS LAST	_	ONTHS DAYS	IF UNDER 24 HRS HOURS MIN	
5	Jo. BIRTHPLACE (STATE ORFOREIGN COUNTRY) COUNTRY COUNTRY) COUNTRY) COUNTRY COUNTRY			WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Prince-Georges				
1	Hyattsville 11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR						12e. USUAL OCCUP. (TYPE OF WORK FOR MO) Housew	T OF WORKING LIFE		12b. KIND OF BUSINESS OR INDUSTRY	
5	USUAL RESIDEN 130. STATE MA 14. FATHER'S NA.	ME	other institution, TY Arunde	13c. CITY OR TOW	AOMISSION)	13d. INSIDE CITY LIMITS? YES NO S 15 MOTHER'S MAIDEN NAME FIRST		dle Av			
0	Edwa	ard		Boone		Johanna			Delan	ey	
2	(YES, NO OR UNI	(VAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (1955. NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-82-7572 Jos. F. Combs, 301 Cadle								Mayo MATE INTERVAL ONSET AND DEATH	
	Condition gave rist couse (counderly) PART 2. O	s, if ony, which to immediate to immediate to immediate to stating the groups lost.	DUE TO, OI (b) DUE TO, OI (c) ONDITIONS CO	RAS A CONSEQUE Facus CA DITRIBUTING TO D	NCE OF SCLE NCE OF SCIN DEATH BUT	EROTIC HE Small Lett	Bleast MALDISEASE OR CO	EASE 1946 51976 ONDITION GIVE	3	years years	
1	CERTIFICATION OF THE CATO	OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDING CAUSES		
1	OR CONTRIB	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE ON WHILE				211. LOCATION STREET	RED (ENTER NATURE OF 18		RT 1 OR PART 2) COUNTY	STATE	
	sow tobove 226. SIGNA 22d. PHYSIC	y that (I) (this hospit he deceased alive on , (I) (we) (did) (did not	View the body PRINT)	7 19 - 2	9,01	22e ADDRESS		TAFF SICIAN [and from the		
1	23e. BURIAL, CRE (SPECIFY)	MATION, REMOVAL	236. DATE 201-23	110-0 (i	lingts	National Cine 250. DATE	23d LOCATION CITY OR 3 WN LOCATION NO.	nator	COUNTY RAR'S SIGNAT	STATE PARE	

DHMH - 16 50M 7/77 (VR A 15 (4))

BP

TO HOSPITAL

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ALL THE	Cont Edg (£1	100 7 160	- 1 - 1 -		Sec. 15.

nding physicron and completely filled in by the funeral director, p corbanpapers. Pages 1 and 2 should be filed within 72 hours after

this certificate has been signed by the attending physician

IMPORTANT: If Item 21 is morked or Item 18 shows ony

Burial 2-1

PA FUNERAL DIRECTOR

Nalley's F.H.Inc.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Md.

Pr. Geo.

Suitla nd

250 DATE REC'D. BY REGISTRAR 236. REGISTRAR'S SIGNATURE

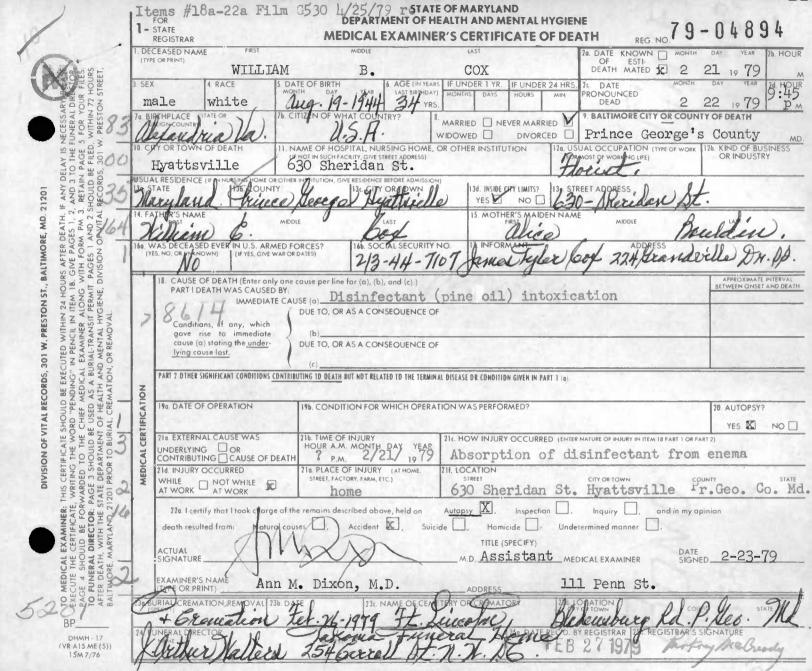
	1-	FOR STATE REGISTRAR			DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	REG.	NO. 7	9-04	893	
		CEASED NAME	FIRST		MIDOLE	L	AST	20. DATE OF DEATH	MONTH C	AY YEAR	26 HOUR	
		CI	LYDE	JENN	INGS	CONN	NOR	FEBRUARY	11, 19	79	8.55	a M
	3 SEX	(140	4 RACE		5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST		IF UNDER 1 YEAR	IF UNDER 24 I	HRS
		ale		Whi	te	7-2	21-1902	76	YRS.			
1		THPLACE STATE OR FO	OREIGN	U.S.A	S.A. WIDOWED DIVOR			Prince Ge				
0		ty or town of dea Lanham					P. G. County	120. USUAL OCCUPA (TYPE OF WORK FOR MOS Ret. I		E) INDUSTRY	erk F BUSINESS	OR
6	USUA 13a S	AL RESIDENCE (IF NURS TATE Md.	136 COUN		GIVE RESIDENCE BEI 13c CITY OR TO Silver	NWC	134. INSIDE CITY LIMITS?	13e STREET ADDRES	New	Hampsh	ire .	Ave
-	14 FA	THER'S NAME	,	AIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAS	ı	
0		Willi	am	P.	Connor		Mary	Eller	1	Orndo		
2	16a. W	AS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADI	PRESS	same	as	
		no	_		578-0	3-5813	Evelyn B.	Connor	Wife)	abov	MATE INTERVAL	
	7	Conditions, if ony, gove rise to imr. couse (o), storing underlying couse	, which mediate ag the last.	DUE TO, O (b) DUE TO, O (c)	R AS A CONSECUTIVE TO THE PROPERTY OF THE PROP	QUENCE OF	Coulcu		DNDITION GIVI	EN IN PART 1(c	5)	
7	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WHI	CH OPERATION	N WAS PERFORMED	20a AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES S		?
7	MEDICAL CER	21g. ACCIDENT WAS UNION OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEA	HOUR A.	M. MONTH M.							
	MED	21d INJURY OCCURI	HILE [7]	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFK	CE, FARM, ETC.)	21f. LOCATION STREET	CITY OR	IOWN	COUNTY	STATE	Е
		22a. I certify that (I) sow the decease above, (I) (we) (a 22b. SIGNATURE	ed plive on	Feb.	11 19	79_, on	ril, 19_70 Id that in (my) (our) opinion DEGREE	, toFe death occurred on the				
	13	234 BHYSIOMAICS	AME (TYPE O		fre		ATTENDING PHYSICIAN E	MEDICAL S'	TAFF SICIAN []	2-11	-79	
		22d. PHYSICIAN'S NJ	AE (TYPE OF	Le,	LEE		Clin for	. Md	207	31-		
	230 B	URIAL, CREMATION,	REMOVAL	23b. DATE	23	C. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE	

Cem.

Mt. Rainier, Md.

DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After should be detached for with the State Dept of



15M 7/76

79-01895

.no versation to the hade still gy - 12-2

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIODLE 2s. DATE OF DEATH MONTH (TYPE OR PRINT) :45A.M. 79 02 NMI D'AGOSTINO ANGELINA 3. SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS O7MONTH YEAR HOURS 91 Caucasian Female 26 87 TO BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Prince Georges Italy WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY SOUTHERN MARYLAND HOSPITAL CENTER DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Housewife Clinton UTION, GIVE RESIDENCE BEFORE ADMISSION 13e. STATE Inne ArundelMitcheville 13d INSIDE CITY LIMITS? of Estord Vista Rd. 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST FIRST MIOOLE pu Bellella (unknown) Marie (Unknown) ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 1028 Gifford Court 137-07-6288 Jennie Banda No Union New Jersey APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for 10), (b) and co-PART I DEATH WAS CAUSED BY A CONSEQUENCE atte Conditions, if ony, which gove rise to immediate couse to, stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse ŏ a. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? rons Hygier 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION 5 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE AT WORK 10 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on FEBRUARY 2) 19 above, (I true) (did) (did for view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE 22c. DATE SIGNED DEGREE ATTENDING MEDICAL STAFF should be det with the State IMPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 77e ADDRESS 230 BURIAL, CREMATION, REMOVAL 230 MAME OF CEMETERY OR CREMATORY 23d LOCATION 236 DATE (SPECIFY) CITY OR TOWN STATE East Orange, New Jersey Burial Holy Sepulchre SE DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Hines/Rinaldi Funeral Home. Inc. DHMH - 16 60M 1/75 New Hampshire Ave., Silver Spring, Md. (VRA 15(4))

STATE OF MARYLAND

	DEPARTN	CERTIFICATE OF DEATH	REG. NO. 7	9-04	897
FIRST	MIDDLE	LAST	26. DATE OF DEATH MONTH D	AY YEAR	26 HOUR
ranc	es M. Da	lrymple	Feb 15	79	180 N
83	1. RACE	5. DATE OF BIRTH DAY YEAR 02	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	White	12 - 25 - XX	76 YRS	AONTHS DAYS	HOURS MIN.
FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMO CITY OR COUNTY	OF DEATH	
ania	USA	WIDOWED A DIVORCED	Prince George	s	MD
EATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	126. KIND O	F BUSINESS OR

Pennsylva

USUAL RESIDENCE | IF NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130. STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Washington D. C. YES X NO 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME

MIDDLE Robert Pace WAS DECEASED EVER IN U.S. ARMED FORCES?

(IF YES, GIVE WAR OR DATES)

FOR - STATE REGISTRAR D NAM

To BIRTHPLACE ISTATE O COUNTRY)

3. SEX

CERTIFICATION

MEDICAL

00

MPORTANT:

165 SOCIAL SECURITY NO

-60-4304 Mary V Howard, Sister, Same as Above

Mary 17 INFORMANT

ADDRESS

13. STREET ADDRESS 2806 Erie Street, S.E.

Mann

(TYPE OF WORK FOR MOST OF WORKING LIFE)
HOUSEWIFE

MIDDLE

STATE

PART 1. DEATH WAS CAUSED		BETWEEN ONSET AND DEAT
4659	DUE TO ORANA CONSE DUENTE OF A 71	
Conditions, if any, which gave rise to immediate	1 (b), and verve \$80.40	
underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	

190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATI	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS	
	THE VENT			YES NO	YES 🗌	NO 🗆
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEA	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 1 TO PART	2)

21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE [

220.1 certify that (1) (this haspital) attended the deceased fra

230. BURIAL, CREMATION, REMOVAL

211 LOCATION

CITYCH Feb

Feb sow the deceased alive an and that in (my) (our) apinion death accurred an indicate and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 226 SIGNATURE DEGREE 22c. DATE SIGNED

Feb

Manoutchehr Moasser

23b. DATE

ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL STAFF 22e. ADDRESS

Rt. 301 & Central Av., Waldorf, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION

Virginia Arlington Natl. Cem Arlington, 2-20-79 24 FUNERAL DIRECTOR

Wilhelm ADDRE 4308 Suitland

Rd., Suitland, Md

FEB 2.2. 1979 Links And

2-15-79

BP.

DHMH-16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND

APPLATE PRINCE TRIVER TRIVERS TO THE PRINCE TO THE PRINCE ROAD, & 6

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	1 -	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO	79-0	14899
7		CEASED NAME OR PRINT)	FIRST		MIDDLE		AST	2a. DATE OF DEATH M	AONTH DAY Y	EAR 2b. HOUR
			EVEL		E		DENNISON	4.465		70 2:30AM
3	3. SEX			4 RACE		5. DATE C	H DAY YEAR	6. AGE (IN YEARS LAST BIRTH	MONTHS	DAYS HOURS MIN
1	7a. BIF	THPLACE ISTATEORI	FOREIGN	7h CITIZEN OF	WHAT COUNTRY?	JAI	N. 5,1917	9. BALTIMORE CITY OF		TH
1	CC	ASHINGTON			.A.	MARRIE	D NEVER MARRIED DIVORCED	PRINCE GEOR		
1		Y OR TOWN OF DE		11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12a. USUAL OCCUPATIO	N 126. K	IND OF BUSINESS O
H		CHEVERL	v		INCE GEOR		NERAI	TRUST DEPT		L. BANK D.
Ī	USUA	L RESIDENCE (IF NUR		OTHER INSTITUTION		ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
ľ		MARYLAND	1	CE GEO.	MT. RAT	_	YES NO		CHAPEL T	ROAD
1	4 FA	THER'S NAME	U 10 10	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAST
L		CHARLE		-	TATO	R	RUTH	W.		RIDGEWAY
1		AS DECEASED EVER		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRES	55	
Ļ		NO		-	579-12-1	1689	ETHEEN KEADY	-ADDRESS SAI		ABOVE . APPROXIMATE INTERVAL WEEN ONSET AND DEATH
	NOI	gove rise to im cause (a), stoti underlying coust	ng the e lost	(c)	R AS A CONSEQUE	are u	NOT RELATED TO THE TERM	MAL DISEASE OR COND	ITION GIVEN IN PA	ART 1(a)
Can Central Attoni	FICAT	19a DATE OF OPERA	MOLTA	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	TOOL IS MES MESES	
	=								IN CERTIFYING CA	FINDINGS USED
ж.	_	21g. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDI-	ODERLYING CAUSE OF DE	P 21e PLACE	M. MONTH DA M. OF INJURY	19	216. HOW INJURY OCCURI	YES NO RED (ENTER NATURE OF INJURY	IN CERTIFYING CA	AUSES OF DEATH? NO ART 2)
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ne.	_	OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDIE 21d INJURY OCCUR WHILE NOTV AT WORK AT WORK 22a I certify that (I sow the deceo- abave, (I) (well)	CAUSE OF DEA	HOUR A P 21e PLACE (AT HOME, ST	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F ne deceased from	19 ARM, ETC.)	21t. HOW INJURY OCCURI	YES NO CENTER NATURE OF INJURY CITY OR TOWN	IN CERTIFYING CA YES IN ITEM 18, PART 1 OR PA COUN 19 10 10 10 10 10 10 10 10 10 10 10 10 10	NO DEATH? NO DEATH? TY STATE That (I) (we) lo m the causes stoted
т.	_	OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDI 21d INJURY OCCUP WHILE NOT V AT WORK AT W 22a 1 certify that (1 sow the deceo	CAUSE OF DEA	HOUR A P 21e PLACE (AT HOME, ST	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F ne deceased from	19 ARM, ETC.)	21t. HOW INJURY OCCURI	YES NO CENTER NATURE OF INJURY CITY OR TOWN	IN CERTIFY ING CA YES IN ITEM 18, PART 1 OR PA COUN COUN 19 22c.	ANSES OF DEATH? NO ART 2) TY STATE 1, that (I) (we) lo
м.	_	OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDI 21d INJURY OCCUR WHILE AT WORK AT NOT W AT W 22a I certify that (I sow the deceo abave, (I) (we) (22b. SIGNATURE	CAUSE OF DEA	P 21e PLACE (AT HOME, ST	M. MONTH DAM M. OF INJURY REET, FACTORY, OFFICE, F ine deceased from other death.	19 ARM, ETC.) 7	21t. HOW INJURY OCCURI	YES NO CITY OR TOWN CITY OR TOWN deoth occurred on the dot MEDICAL STAFF	IN CERTIFY ING CA YES IN ITEM 18, PART 1 OR PA COUN COUN 19 22c.	NO DEATH? NO DEATH? NO DEATH? TY STATE That (I) (we) lo m the causes stoted

1979

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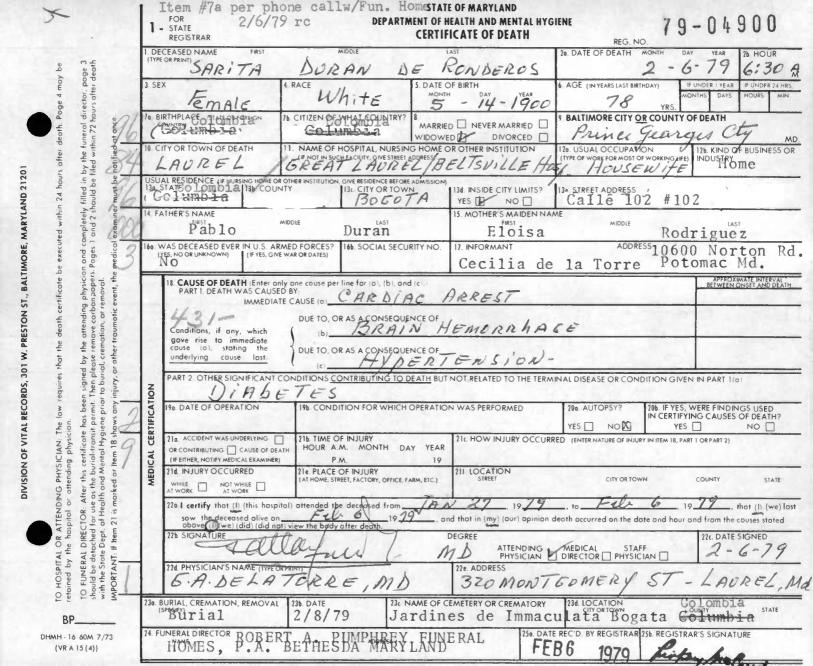
FUNERAL HOME - RIVERDALE, MARYLAND

DHMH - 16 50M 7/77 (VR A 15 (4))

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CHARLES IN SHARINGS - BUNGALIS, MEXAND



10813-27 That Idea are a real state of the later TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 7 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

DHMH - 16 50M 1/76 (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR	STATE CERTIFICATE OF DEATH REG. NO.					
I. DECEASED NAME FIRS (TYPE OR PRINT) ROBE		DIGGS	FEBRUARY 14,	1979 7:45P		
3. SEX MALE	4 RACE NEGRO	5. DATE OF BIRTH MONTH JULY 7 1900	6. AGE (IN YEARS LAST BIRTHDAY) 78	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN		
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mary and 10 CITY OF TOWN OF DEATH	16 CITIZEN OF WHAT COUNT U.S.A.	RSING HOME OR OTHER INSTITUTION	PRINCE GEORGE			
LANHAM USUAL RESIDENCE (IF NURSING NO	ME OR OTHER INSTITUTION, GIVE RESIDENCE	TEAL OF P.G.	{TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRY		
MARYLAND 14 FATHER'S NAME	P.G. MITCH	TOWN 13d INSIDE CITY LIMITS? FIVILE YES X NO 1 15 MOTHER'S MAIDEN NO				
Francis Go	MIPDLE LAST Dr. ARMED FORCES? 1166 SOCIAL S	SECURITY NO. 17 INFORMANT.	O SAA ADDRESS	LAST		
	CIVE WAR OR DATES	5-8404 Robert G.	Diggs - SAA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gove rise to immedial couse to, stating the underlying couse los PART 2 OTHER SIGNIFICATION 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	DUE TO, OR AS A CONSI	TO DEATH BUT NOT RELATED TO THE TER/	200 AUTOPSY? 206 IF Y	IVEN IN PART 1(a) ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?		
OR CONTRIBUTION FT CAUSE	DE DEATH HOUR A.M. MONTH			res 🗍 NO 🗍		
(IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJURY	FICE, FARM, ETC.) 711 LOCATION STREET	CITY OR TOWN	COUNTY STATE		
sow the deceased olivabove, (1) (we) (did) (d			to 2-14-1979 death occurred on the date and ha	our and from the causes stated		
276 SIGNATURE CHIN- CI	AUAN-HEN.	DEGREE ATTENDING PHYSICIAN Tre. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED		
CHIN-CHU	AN HSU	6902 Both	more BLVD Co	lage park mo		
230 BURIAL, CREMATION, REMO	2/19/1919	St. Marys Ch. By	n. Croom P.G	COUNTY STATE		

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MAR 2 1979 Ford Andrews

STATE OF MARYLAND

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4		1						STATI	E OF MARYLAND					
		L		FOR STATE REGISTRAR				CERTIF	EALTH AND MENTAL HYO	REG. N	Ο.	9 - 0 4	904	
				ASED NAME	FIRST	GILLES!	MIDDLE	i	AST	20. DATE OF DEATH	MONTH DA	Y YEAR	26. HOUR	
	1	L			SWEPS	SON A	4	E	AST	Local Colon	02 25	79	1:15Pm	
1	E E	3.	SEX			4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		UNDER 1 YEAR	HOURS MIN	
	4	L	16	Male		Whit		Jan	- 100-	94	YRS	1 54		
	h. Po	70		THPLACE (STATE OR FO	OREIGN	76 CITIZEN OF	WHAT COUNTR	XY? 8	NEVER MARRIED	9. BALTIMORE CITY		OF DEATH		
	deat uner uner at a			rfolk, Vi	rgin	ia US		WIDOWE		PRINCE G			MD.	
5	s after d by the fu filed within	1 10		OR TOWN OF DEA	ATH	PRINCE (HOSPITAL, NUR CHEACILITY, GIVE STE SEO. EXT	SING HOME C	CARE FACILITY	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O	OF WORKING LIFE)	INDUSTRY	OF BUSINESS OR	
ANDZIZ	nin 24 haurs ly filled in b should be fi	4	Ma	ryland	136 COUN		GIVE RESIDENCE BE	OWN	136 INSIDE CITY LIMITS?	Mechani	ge Dr	ive H le,Ma	elen Es ryland	
MARIE	ompletely ond 2 s	0		HER'S NAME FIRST John	W		East Eas		Emme	MIDDLE				
MOKE	and co	16		AS DECEASED EVER 5, NO OR UNKNOWN) NO		WED FORCES? WAR OR DATES)		13d INSIDE CITY LIMITS? 13e. STREET ADDRESSINGE DIT IVE NET Mechanicsville, Mary M						
BALTI	ysician apers.l val.	F	1	8 CAUSE OF DEAT PART I. DEATH W					0 / / -	2000001	1100		ONSET AND DEATH	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	that the death ceipy the attending tose remove carbo al, cremation, ar in attent traumatic, in ather traumatic, in ather traumatic, in a the streamatic, and the streamatic at the streamatic and the streamatic at the stream at	ather traumatic e			Conditions, if ony gove rise to im- couse (a), statir underlying couse	nediate ng the	(b)	R AS A CONSEC	i OSell	to hear	fduen	Q		
RDS, 20	equires to signed. Then ple to burio			Sellor	- 1	ONDITIONS CO	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TER	MINATOISEASE OR CON	IDITION GIVE	V IN PART 1	(0)	
I RECO	on. has been permit. ene prior aws any	3	CERTIFICATION	90 DATE OF OPERA	TION	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?			NGS USED S OF DEATH?	
OF VITA	PHYSICIAN: The ending physicial this certificate to burial-transit and Mental Hygin dar Item 18 sh			? To ACCIDENT WAS UN OR CONTRIBUTING [] LIF EITHER, NOTIFY MEDIC	CAUSE OF DEA	TH HOUR A.	PFÍNJURÝ M. MONTH M.	DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	IRY IN ITEM 18, PAR	T I OR PART 2)		
NOISION	DING PHYS ar attendin After this c e as the bur alth and Me marked ar h		MEDICAL	WHILE NOT WAT WORK AT WORK	HILE	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFF	CE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
	TTEN Portol TOR: for us of He 21 is	1		sow the deceos obove, (I) (we) I	ed olive on.	2.1	719	74	nd that in (my) (aur) apinion	death occurred on the d	Z 10 ate and hour	ond from the	that (I) (we) last couses stated	
	E Dog H			226. SIGNATURE	m				DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	22c. DATE	SIGNED	
	O HOSPITAL etained by the TO FUNERAL should be detained the State with the State IMPORTANT:			PHYSICIAN'S N.	AME (TYPE OR	PRINT)	The same		22. ADDRESS	adover Ro		olorer	md 20180	
	reto TO Sho	2.		IRIAL, CREMATION,	REMOVAL	236. DATE	2.	3c. NAME OF C	EMETERY OR CREMA COM	15 236 LOCATION	c	OUNTY	STATE	

Charles Memorial Leonardtown, Mt. Mary's, Md.

Burial

24 FUNERAL DIRECTOR

2/26/1979

W.Clarke Mattingley Leonardtown, Maryland

DHMH-16 50M 7/77 (VR A 15 (4))

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w. Clarke Estrangley Leonardtown, Maryland

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nding physician and campletely filled in by the funeral carbanpapers. Pages 1 and 2 shauld be filed within 72

injury, or other traumotic event, the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detoched for use as the burial-transit permit. Then please remave carbanpaper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

IMPORTANT: # Hem 21 is marked or Item 18 shaws any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70-04905

REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	, 13	1 - 0 4	303
1. DECEASED NAME FIRST	MIDDLE	L	AST	20. DATE OF DEATH		AY YEAR	2b. HOUR
WILLI	AM ANDE	REW EI	DELIN	FEBRUARY	14	1979	10:30 ^A
3 SEX	4 RACE	5. DATE O		6 AGE (IN YEARS LAST BIRTI	_	IF UNDER 1 YEAR	IF UNDER 24 HRS
Male	Negro	монтн 2	9 1887	92	YRS.	ONTHS DAYS	HOURS MIN
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	OUNTRY? 8		9. BALTIMORE CITY O		OF DEATH	
Wash. D. C.	U. S. A.		NEVER MARRIED	Prince Ge	eorge'	S	MD.
18. CITY OR TOWN OF DEATH	11. NAME OF HOSPITA	L, NURSING HOME O	A-	120 USUAL OCCUPATION	ON	126. KIND O	F BUSINESS OR
Lanham	Doctors Ho		Pr. Geo. Co.	(TYPE OF WORK FOR MOST OF		INDUSTRY	
USUAL RESIDENCE (IF NURSING HOME OF THE NURSIN	ROTHER INSTITUTION GIVE RESID	PENCE BEFORE ADMISSION) Y OR TOWN Tham	13d. INSIDE CITY LIMITS? YES NO [13e. STREET ADDRESS 4312 Kinmo		d.	
14 FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA			tas'	
Richard	Ede	elin	Maggie			Dorse	e y
160 WAS DECEASED EVER IN U.S. AR	E WAR OR DATES)	CIAL SECURITY NO.	17 INFORMANT	ADDRE			Lanham
No	217	28-7980	Mrs. Margare	t Lee, 4312	Kinmo	unt Rd.	., Md.
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CO	NELITY	a MRTAR	w sciero	ns-	- V	sho che
PART 2. OTHER SIGNIFICANT			NOT RELATED TO THE TERM	NINAL DISEASE OR CONE	ITION GIVE	N IN PART 1(d	31
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FO	OR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
OR CONTRIBUTION CALLER OF DE			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PA	RT 1 OR PART 2)	
CIFETHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJUR (AT HOME, STREET, FACTO		21f. LOCATION STREET	CITYORTOW	N 2	COUNTY	STATE
22a.l certify that (1) (this hasp sow the deceased alive or above, (1) (we) (did) (did no	A 1.5. A.1		d that in (my) (our) opinion	death occurred on the do	ite and hour		that (1). (we) last causes stated
22b. SIGNATURE	C- 1297		DEGREE ATTENDING PHYSICIAN [MEDICAL STAF		22c. DATE	SIGNED SIGNED
22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)		276 ADDRESS	was con to			1010101

DHMH - 16 50M 7/77 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

etoined by the hospital ar

230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

FOR

23c NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery

Washington,

D.

John T. Rhines Co.-3030-12th Street, N.E., D.C. EB 22 1979

23h DATE 2-17-79

REGISTRAR'S SIGNATURE

79-01905 A PERSONAL STREET STREET, TOWNS OF STREET and the second s 1 49 7 19 14 V 149 4 the terms of the o THE DESCRIPTION OF THE PARTY OF with the year of the first the second Harry De grand STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

79-04906

REG. NO

Add. Info. Film G529 3/13/79 kam

- STATE

REGISTRAR

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 2a. DATE KNOWN TYPE OF PRINT OF ESTI-DEATH MATED IF UNDER 1 YR IF UNDER 24 HRS DATE PRONOUNCED DEAD 9. BALTIMORE CITY OR BIRTHPLACE MARRIED NEVER MARRIED FOREIGN COUNTRYL WIDOWED X DIVORCED Mass 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION KIND OF BUSINESS Housewife Home JSUAL RESIDENCE LIEAN NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONAL 13c. CITY OR TOWN 130. STATE 1136 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 21201 YES W NO 1 12110 Tawny Lane Md Geo Bowie 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST AND Honohan John A. O Brien Joanna 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 7. INFORMANT DIVISION (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES 012 50 4767 Same as #13 Thomas Elliott n/a no APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per lines or (a), (b), and (c).) BETWEEN ONSET AND DEATH intens selestro Cardis Vaseuler PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE, DN, OR REMOVAL IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 301 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (n) < CERTIFICATION USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28. AUTOPSY? BURIAL YES NO [E DEPARTMENT 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 214 INJURY OCCURRED 71s. PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OF TOWN STATE COUNTY TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: P. TO FUNERAL THE STI BALTIMORE, MARYLAND, 212 220. I certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinian death resulted from: Natural caures Accident Hamicide _______ Undetermined manner Suicide TLE (SPECIFY) (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Stoneham, Middlesex, Massiate Lindenwood Cemetery Burial 24. FUNERAL DIRECTOR Robert G. Beall Funeral Home DHMH-17 20M 1/73 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE (VR A15 ME (5)) 1212 West St. Annapolis, Md. 21401

10-01901 The Arrest and Arrest Line

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 20. DATE OF DEATH MONTH FEBRUARY 10 1979 4:50 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH Prince Georges 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY AIRCRAFT MECHANIC MILITARY RURAL DELIVERY (DECEASED) LAST ROTHAUSEN ADDRESS SAME AS 13 APPROXIMATE INTERVAL

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY STATE

YES

NO F

STATE

, that (I) (we) last and that in (my) (our) opinian deoth accurred on the date and hour and fram the causes stated 22c. DATE SIGNED

PHYSICIAN DIRECTOR PHYSICIAN

Feb. 13, 1979 Arlington National Arlington, Virginia BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 50M 7/77 (VR A 15 (4))

BP

- STATE

REGISTRAR

Burial

24 FUNERAL DIRECTOR MURPHY FUNERAL HOMES, INC

4510 Wilson Blvd. Arlington, Va. 22203

DECEASED NAME

Service Manager				
	area or the			
THE STATE OF THE S				
4.75PV(12.36)53		A STATE OF		
TRIMERON (RISASDOC)	TENASTAL			J.T.Michie
	(B) N. MEALO	TOADIERTO ES-AND	· mer	

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR	CEKIII	ICATE OF DEATH	REG. NO	o.	
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	2b HOUR
		ORTRINGI	NORMAN J F	OOTE		02-22-79	11:15
	3. SE	X	RACE S. DATE (OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BIRTI	MONTHS DAYS	
		M	Cola AMERICON 7	20 1916	62	YRS.	, nooks ,
25		RTHPLACE (STATE OR FOREIGN 7	b CITIZEN OF WHAT COUNTRY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O		
20	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR				PRINCE GI		000000000000000000000000000000000000000
74	10 0	CHEVERLY	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) PRINCE GEO. GENERAL	LICEDITAL	120 USUAL OCCUPATION		OF BUSINES
	USU	AL RESIDENCE (IF NURSING HOME OF C	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)		Kethy	Ed	
26	130	STATE MA 13 COUNT	Bowie	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	NE	
	14 F.	ATHER'S NAME		15. MOTHER'S MAIDEN NAM			
600		UNK	NOWN	Marie	HE	NSON	LAST
Paico		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	5-914Ave.	
E		140	212:18-2649	Marie Cer	ttee-Lan	Hover, Md.	,
ent, th		18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	y one couse per fine for (a), (b), and (c),)	TARURAMATIC M	I	APPRO BFTWEE	OXIMATE INTERV. N ONSET AND D
eve eve		IMMEDIATE	O BY: CAUSE (a) ACUTE MASSIVE [) IAPHRAMATIC M		-4-2-	
Old		410-	DUE TO, OR AS A CONSEQUENCE OF				
		Conditions, if ony, which	((b) CHF	X-SERVICE CONTRACTOR			
e I		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF				
0	12	underlying couse lost	SEVERE ARTERIAL	CLERATIC HEAR	T DISEASE	Talle, Ulli	
0		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONE	OITION GIVEN IN PART	110
2	CERTIFICATION						
ob 1	S	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USED
Suows	1 =				YES NO	YES 🗌	NO 🗌
0		210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	
E /	N N	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19				
ō	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	'N COUNTY	STA
z e d	2	AT WORK AT WORK	(ATTOME, STREET, TACTORY, OFFICE, TARM, ETC.)				
E		22s I certify that (I) (this haspite	of) ottended the deceased from	. 19.	_ , to	, 19	, that (f) (w
7		sow the deceased plive on _ obove, (1) (well (did) (did.not)	years the hardy often death	nd that in (my) (our) opinion d	eath occurred on the do	ite and hour and from th	ne couses stat
Hea		22b. SIGNATURE	WEW THE BOOY OTHER GEOTH.	DEGREE		22c. DAT	TE SIGNED
=		411/1/1/1/	1/1se X	M. ATTENDING	MEDICAL STAF		-23-
NACKIAN I		270 PHYSICIAN'S NAME (TYPE OR	PRINT)	22e. ADDRESS	- DIRECTOR TITISTE		. 0
5		HENRY A. WISE	IP MD	9001 CEODGE	DALLACD LIZO		
-	22	<u> </u>		8901 GEORGE	PALMER HIGH	WAY LANHAN	4 MD 2
	1	PLIRIAL, CREMATION, REMOVAL	23b. DATE 23c. NAME OF C	CEMETERY OR CREMATORY	23d LOCATION	LAST COUNTY	NA STY
	1	ופוינעכ	12/12/11/11/11	CHNS	REC'D. BY REGISTRAR	ON HH.	ATLINE
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STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO7 0 -. DECEASED NAME DATE KNOWN (TYPE OR PRINT) ESTI DEATH MATED 1010 1979 IF UNDER 1 YR. S. DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS DATE PRONOUNCED 19 79 69 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH COUNTRY? MARRIED NEVER MARRIED DIVORCED PRINCE GEORGES WIDOWED FILED, \ 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY HOMEMAKER NONE 13e STREET ADDRESS NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME ADDRESS Upper Marlboro. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO INFORMANT Fort. 3404 Village Dr., N., Md. 216-64-0984 18. CAUSE OF DEATH (Enter only one couse per pe for (o), (b), and (c), cove mo-lasentar acciden PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF REMOVAL Conditions, if any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL 19a. DATE OF OPERATION 20. AUTOPSY? R. PAGE 3 SHOULD BE US E STATE DEPARTMENT OF 21201 PRIOR TO BURIAL OF YES [] NO X 21g. EXTERNAL CAUSE WAS 216. TIME OF NUURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M MONTH DAY UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21f. LOCATION STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN COUNTY WHILE AT WORK AT WORK Home DIRECTOR: 22a. I certify that I took charge of the remains deserted above, held an Autopsy Inspection ond in my opinion ARYLAND, death resulted fram: Natural couses Accident Suicide Hamicide Undetermined monner TITLE (SPECIFY) TO MEDICAL E EXECUTE THE C PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, V BALTIMORE, MA 20022 TANTALLON EXAMINER'S NAME AUGUSTO P. RODRIQUEZ M. D. 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial Feb. 19, 1979 Ft. Lincoln Cemetery Brentwood, Maryland BP 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE ROBER CIRCLOR Beall Funeral Home DHMH - 17 (VR A15 ME (5)) 9013 Annapolis Road, Lanham, Maryland 15M7/77

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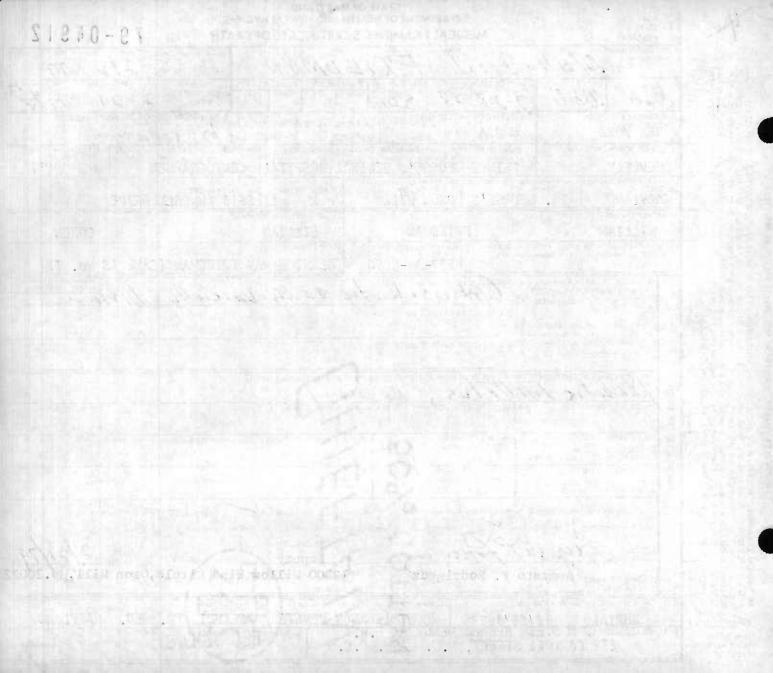
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR	DEPA		IEALTH AND MENTAL HYG	REG. NO	79-01	4911
9	1. DÉC	CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH M	ONTH DAY YEAR	2h HOUR
3	(TYPE	ORPRINT) NIC	K (NMN)	FO	TOS	02-	24-79	4:45AMm
	3. SE >		4 RACE	S. DATE C		6. AGE (IN YEARS LAST BIRTH	MONTHS DAY	
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~		RTHPLACE (STATE OR FOREIGN DUNTRY) Greece	76 CITIZEN OF WHAT COUNTR	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR		
1			U.S.A.	WIDOWE	The state of the s		GEORGES	MD.
4		TY OR TOWN OF DEATH CHEVERLY	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR PRINCE GEORGE	EET ADDRESS)		(TYPE OF WORK FOR MOST OF Furrier		Fur.Co.
	USUA 13a. S	AL RESIDENCE (# NURSING HOME OF TATE 13b,/COU	ROTHER INSTITUTION, GIVE RESIDENCE BE NTY 13c. CITY OR TO		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		
5			tgomery Sil.	Sprg.	YES NO	13103 Fer	nedge Rd.	
0	14. FA	THER'S NAME FIRST	MIDDLELAST		15. MOTHER'S MAIDEN NA	ME	20	LAST
16		Stavrou	Foto	S	Christine		Mezi	tis
2	16a. W (Y	VAS DECEASED EVER IN U.S. AF	E MAD OD DATES	-0824	Effie G.F	otos 13103		Rd.
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2	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATIO	n was performed	200 AUTOPSY?	20b. IF YES, WERE FINI IN CERTIFYING CAUS YES	DINGS USED ES OF DEATH? NO
7		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY AT HOME, STREET, FACTORY, OFFI		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		27a I certify that 15 (this hosp sow the deceased alive or obove, (I) west and (did no 27b. SIGNATURE	oritol) ottended the deceosed from 2/24 or 15	79,0	nd that in (our) apinion DEGREE ATTENDING	death occurred on the data	22c. DA	the couses stated
1		220 PHYSICIAN'S NAME OFFEE LOUIS	Steinberg		22 ADDRESS	g director PHYSICI		and
	23a. B	BURIAL, CREMATION, REMOVAL	L 23b. DATE 2	C NAME OF	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
		Burial	2/28/79	date 0	f Heaven Ce			ontg.Md.

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		REGISTRAR	WED		CERTIFICATE OF DEATH	REG. No. 9 - 04912
		CEASED NAME FIRST	· A	MIDDLE	LAST 26. DATE OF	KNOWN MONTH DAY YEAR 26. HOUR
SARY, PLEASE AL DIRECTOR. YOUR FILES. SION STREET,		Jul or to	w GBG1.	FEIB		MATED 0 0 2/2/ 19/9 M
PLE. ECT. F.F.II	3. SE	A RACE	5. DATE OF BIRTH	YEAR LAST BIRTHDAY) MONT	DER 1 YR. IF UNDER 24 HRS. 2c. DAT.	
AARY, ON OUR	1	ale Wale	7-2-8-	18 SOYRS.	DEA	0 5-11 127 8 M
ECESSARY, UNERAL DIF FOR YOU WITHIN 72		RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WH	AT COUNTRY? 8. MARR	IED NEVER MARRIED 7. BALTIN	MORE CITY OF COUNTY OF DEATH
45 3		IEW YORK	USA	WIDOW		(searges MD.
L WOLLED	100	TY OR TOWN OF DEATH	11. NAME OF HOSE	ITAL, NURSING HOME, OR OTH	IER INSTITUTION 120 USUAL OCCL	PRATION (TYPE OF KORK 126 KIND OF BUSINESS OR INDUSTRY
102 45/7		<i>l</i> EVERLY		GEORGE'S GENERA	L HOSPITAL CARTOGE	RAPHER US GOV'T
ANY DOUD FECORD	13a. S	L RESIDENCE (IF IN NURSING HOME (TATE 13b. COUN		13c CITY OR TOWN	13d INSIDE CITY LIMITS? 13e. STREET ADDR	FSS
25 A # D # D .	M	RYLAND PR.	GEORGE'S	OXON HILL	YES NO D 5613 DUN	IDALK DRIVE
	14. F/	THER'S NAME	WIDDIE	LAST	15. MOTHER'S MAIDEN NAME	MIDDLE LAST
TIMORE, MD. 2 AFTER DEATH. IF VE PAGES 1, 2, THE ORM PAN 3. SES 1 AND 2 SI SION OF VITAL I		WILLIAM	F	RIEDMÄN	LILLIAN	COHEN
MORE, TTER DE PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAG	16a. V	AS DECEASED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
BALTIMORE, MD. URS AFTER DEATH. B. GIVE PAGES 1, WITH FORM PM. WITH FORM PM. PAGES 1 AND 2 DIVISION OF VITA		S, NO, OR UNKNOWN) (1F YES, GIVE		577-36-0096	BERNICE MAY FRIEDA	MAN (SAME AS No. 13)
, 200 F.		18 CAUSE OF DEATH (Enter on	ly one couse per line	of (a), (b), and (c).	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST. VITHIN 24 HC CIL IN ITEM 1 NER ALONG NATH HYGIENE, MOVAL.	5	PART I DEATH WAS CAUSE IMMEDIA	TE CAUSE (O)	ens schre fre	c Carolix Valeu	672 + 1015 4ad
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DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXE ITING THE WORD "PENDING" ROED TO THE CHIEF MEDICAL R 3 SHOULD BE USED AS A BE E DEPARTMENT OF HEALTH AN PRIOR TO BURIAL, CREMATION	CERTIFICATION	190. DATE OF OPERATION	196 CONDITI	ON FOR WHICH OPERATION W	AS PERFORMED?	20. AUTOPSY?
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INFIC.	CAL	CONTRIBUTING CAUSE OF	DEATH P.M.	19		
IVISION DEP	MEDICAL	21d. INJURY OCCURRED WHILE DOT WHILE C	21e. PLACE O STREET, FACTO		CATION STREET CITY OF TO	OWN COUNTY STATE
PIVISION R: THIS CERTIF TE, WRITING T SEWARDED TO S: PAGE 3 SHO E STATE DEPAR 2 1201 PRIOR T	~	AT WORK AT WORK				
IR: T	13	22a. I certify that I took charg	ge of the remains desc	ribed obove, held on Autop	sy , Inspection Inquiry	and in my opinion
KAMINER ERTIFICAT D BE FO IRECTOR: WITH THE RYLAND, 1		death resulted from: Natu	ral couses	Accident , Suicide	, Hamicide Undetermined m	
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AL EXAMPLE CERTIFICATION OF THE CERTIFICATION OF TH		ACTUAL SIGNATURE	16/1 × 100	regean M	.D. Deputy MEDICAL EXAM	MINER DATE SIGNED 1/79
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TO MEDICAL E EXECUTE THE C FORMER ALL AFTER DEFAIL, BALTIMORE, MA		EXAMINER'S NAME (TYPE OR PRINT)		V	ADDRESS	
PATTA BALL	23a.B	JRIAL, CREMATION, REMOVAL	3b. DATE	23c. NAME OF CEMETERY O		COUNTY STATE
//0BP	L'	BURIAL	2/25/1979	MOUNT LEBANO	ON CEMETERY ADELPHI	PR. GEO. MARYLAND
DHMH - 17	24. F	NERAL DIRECTOR M ST	EIN HEBREW	MEMORIAL F.H.		AR 256 REGISTRAR'S SIGNATURE
(VR A15 ME (5)) 15M 7/77		232 CARRO	LL SIKEET,	N.W. WASH. D.		John John Strady



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ALEXAGRE S. POPE Chig Pennsylbenia Ave., S.R.

W	1			DIVISION OF V	ITAL RECORDS,	301 W. PI	RESTON STR		.TH RE, MARYLAND 21	201		
/					77-17-5-1	CERTIFIC	ATE OF	DEATH		13	3-043	3 4
	ath.		ECEASED-NAME First Type or print)		Middle		Last	2a.	DATE OF DEATH	Day	. V	2b. HOUR
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	by by	7a.	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT	COUNTRY?	8. MARRIED	NEVER MARK	9. CO	UNTY OF DEATH			
	d in pers. 72 h		ntry) S. C.	USA		WIDOWED [DIVOR	CED P	RINCE GEORG	GE'S	COUNTY	Md.
	PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death e hospital or attending physician. his certificate has been signed by the attending physician and completely filled in by the funeral stoched for use as the burial-transit permit. Then please remove carbon papers. Pages and 2 Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death	C	CITY OR TOWN OF DEATH HEVERLY	give stre	OF HOSPITAL OR INS et address) NCE . GFOR	EF'S CE		12a. USUAL OCC	UPATION (Kind af wor warking life, even if ro ruction Wo	k done	12b. KIND OF I	BUSINESS OR
	ond completely remove carbon in any event, with	13o.	USUAL RESIDENCE (Where deceos issian) STATE Md •	ed lived, if institution 13b. COUNTY	Residence befare	13c. CITY OR	TOWN	3d. INSIDE CITY LIMITS? YES NO	13e. STREET AND NUM	ABER		
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	physician con please novol, and it	160	WAS DECEASED EVER IN U.S. ARN	MED FORCES? 16	b. SOCIAL SECURITY I	IO. 17. II	NFORMANT		Ad	ldress		11.
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	equires that the death certific physician. signed by the attending physiburial-transit permit. Then phurial, crematian, or removal,		1B. CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED IMMEDIA	ly one couse per line () BY: .TE CAUSE (o)		inon4	OF	ESDPUA	aus			SET AND DEATH
	afte perr ian,		1509	DUE TO, OR AS A	CONSEQUENCE OF					Ulip		
	the the nsit mat		Conditions, if ony, which gave) rise to immediate cause (a),	(b)								
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	Jires Jires Jirial Irial		DART 2 OTHER CICALIFICANT COM	(c)	C TO DEATH DUT NO	T DELL'ER WA						
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	r at r at e ho use use	CERTIFIC	OI ACCIDENT WAS IMPERIUM				YES	NO 🗌	CAUSES OF DEATH?	170		
	IAN: ral or ficote for u Heali	CALC	21a. ACCIDENT WAS UNDERLYIN ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	HOUR A.M.	JURY Month Day Year	21c. HO	W INJURY OCCU	JRRED (Enter natur	e af injury in Part 1 or	Port 2, I	tem 18.)	
	Spit Spit Sertificertification	MEDI	(If either, natify medical exominated 21d. INJURY OCCURRED 21e.	ier) P.M.	HOME EARM STREET CAC	10PV \ 016 10	CATION C	D.F.D. II				
			While Not while ot wark	PLACE OF INJURY (AT					City or Tawn		County	State
	OR ATTENDING be retained by the JIRECTOR: After in e. 3 should be d ed with the Stote		22a. I certify that (I) (this saw the deceased al	s hespital) attend	led the decease	d fram	that in (my	19 79,	dogth accurred on	, 19_	77_, that	(I) (we) last
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5	VR A15 (4) 45M - 1/69	24.	FUNERAL DIRECTOR Watson Fune	mol II 0	ADDRESS		NT TAT	25a. RECOENEG	STRAR 19 USB. REG	ISTRAR'S	SIGNATURE	eody

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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4	1-	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HYG	IENE REG. NO	79	-04	915
9		CEASED NAME FIRST OR PRINT)	WIDDLE		AST	20. DATE OF DEATH	ONTH DAY	YEAR	2b. HOUR
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13	3 SEX		4 RACE	5. DATE (OF BIRTH	6. AGE (IN YEARS LAST BIRTH	DAY) IF C	UNDER TYPER	IF DIVIDER SHEME II
		Male	White	May	11, 1889	8	9 YRS.	NTHS DAYS	HOURS MIN.
75		RTHPLACE ISTATE OR FOREIGN DUNTRY Aryland	76. CITIZEN OF WHAT COUNTS U . S . A .	MARRIE WIDOWI	DE DIVORCED	9 BALTIMORE CITY OR PRINCE GEOR		FDEATH	MD.
14		TY OR TOWN OF DEATH CHEVERLY	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI PRINCE GEORGE	REET ADDRESS)		120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Obacco Fa	WORKING LIFE)	12b. KIND O INDUSTRY Tene	ent
5	USUA 130 S Md	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN Anne	OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION)	138 INSIDE CITY LIMITS?	1205 Marl	boro :	Road	
20	14 FA	James Henr	MIDDLE LAST Garner		15. MOTHER'S MAIDEN NAME FIRST Laura	ME	F	arrel	lı
3	/Y	VAS DECEASED EVER IN U.S. AR		CURITY NO.	17 INFORMANT Barbara Bar	126 uckman-Lot	5 Mar hian,	lbord Md.20	Rd.,
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	D RY	ebrov		cerbent			MATE INTERVAL ONSET AND DEATH
		Conditions, if any, which gave rise to immediate cause (a) starting the underlying cause last	DUE TO, OR AS A CONSE	may	artery Do	luo			
	NO	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING	C DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN	IN PART 1	31
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIC	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [NG CAUSES	
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART	1 OR PART 2]	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	CE, FARM, ETC)	211 LOCATION STREET	CITY OR TOWN		COUNTY	STATE
		saw the deceased alive an	Feb. 15.	74	nd that in (my) (aur) apinian	death accurred on the dat	e and hour a		that (I) (we) last causes stated
		22b. SIGNATURE 26	uaulen	> ,		MEDICAL STAFF	AN 🗌	22c. DATE	16/79
1		Tomas J. He	rnandez, M.I).	Prince G Cheverly			spits	11
	23a. B	BURIAL, CREMATION, REMOVAL	23b. DATE 2	30 NAME OF	EMETERY OR CREMATORY	23d. LOCATION			STATE

BP. DHMH - 16 50M 7/77

OR ATTENDING PHYSICIAN: The law

TO HOSPITAL

retained by the hospital or attending physician.

With the State Cept, at recurring not received by Space production of the state of should be detached for use as the buriot-transf permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with the State began of Health and Mental Hygiene prior to buriot, cremation, or removal.

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Funeral director Lightard A. C Tuneral Home (VR A 15 (4))

Entombment 2/22/79

Mt.Olivet Cemetery Washington (Dist. of Col.)

25 Marlboro 2 MAR 6 1979

MAR 6 1979

-Upper Marlboro, a Maryland 20870: Coleman

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH TYPE OR PRINT J. Mildred 9:30am ~ Gogos February 17,1979 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH YEAR 1902 Female. Caucasian Jan. To BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED D.C. U-S-A-Prince George DIVORCED TO & CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR YPE OF WORK FOR MOST OF WORKING LIFE STEROGRAPHER OCTOR HOSPITAL OF U.S.Gov't. Lanhau .G. County PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland Montgomery 8211 Caraway St. 1 13d INSIDE CITY LIMITS? 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Johnson Alice MIDDLE Samuel MacArthur ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO 17 INFORMANT TYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Unknown Alice E Gogos, Dtr., Same as item 13. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ang PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (CONSEQUENCE OF RAI VISCULAR COLLABOR gove rise to immediate du Sidinsis couse (o), stoting DIVISION OF VITAL RECORDS, 201 W. CERTIFICATION ACCIDENT WAS UNDERLYING Item 18 OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY 21f. LOCATION COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE 22a.1 certify that (1) (this hospital) attended the deceased from the deceased alive on. , and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated (1) (we) (did) (did not view the body after dea 22b. SCHATURE 22t. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME TTYPE OR PRINT 22e ADDRESS should b 5806 Baltimore BLUB. GEORGE BANNING 231 NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY Burial STATE Oak Hill Cemetery 24. FUNERAL DIRECTOR JOSEPH CAWLER'S SONS INC. DHMH - 16 50M 1/76 (VR A 15 (4)) \$126 WISG. AVE., K. W. WASH., D. G. 20918

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REGISTRAR	MEI	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. No. 3						
1. DECEASED NAME (TYPE OR PRINT)	Charles KYLI	E 6000,	MAN	20 DATE KNOWN DE STI- DEATH MATED	2-27 1979	Th HOUR		
Male	White 5. Date of BIRTH	32 46 YRS.	NDER I YR. IF UNDER 24 HRS HS DAYS HOURS MIN	PRONOUNCED DEAD	27 1979	HOUR M		
70. BIRTHPLACE (STA	76. CITIZEN OF WH	MARR			COUNTY OF DEATH	MD.		
4 Chever by	F DEATH TO NAME OF HOSE	PITAL, NURSING HOME, OR OTH CHITY, GIVE STREEP ADDRESS)	HER INSTITUTION 120 U	SUAL OCCUPATION (TYPE O TYPE D'ARRIGUNAT TESS. CONSOI LIONISE	Res - OF INDUSTRY	INESS		
STATE - CONTRACTOR	FIN NURSING HOME OR OTHER INSTITUTION, GIV	13c CITY OR TOWN	13d. INSIDE CITY LIMITS? 13e. S'		6 Fry Drine			
14. FATHER'S NAME FIRST Alfre	WIDDLE	Goodman	15. MOTHER'S MAIDEN NAM	ME MIDDLE	Piel			
160. WAS DECEASED (YES, NO, OR UNKNOW	EVER IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	Patricia K.	Goodman-Dr	606 Cemble	arl-		
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S UNDERLYING CONTRIBUTIN	G CAUSE OF DEATH P.M.	MONTH DAY YEAR	OW INJURY OCCURRED (ENTI	ER NATURE OF INJURY IN ITEM 18 PAR	IT I OR PART 2)			
¥ 21d. INJURY OF WHILE AT WORK			CATION STREET	CITY OR TOWN	COUNTY	STATE		
220. I certify death resulted ACTUAL SIGNATURE	that I took charge of the remains described from: Natural courses ,	Accident , Suicide Accident Accident Accident	Hamicide Und	, Inquiry ond i	n my apinian DATE SIGNED	-79		
270. I certify death resulted ACTUAL SIGNATURE EXAMINER'S N (UTPE OR PRIN (SPECIFIE) (SPECIFIE)	IAMESUGUISTO PE	DODELLACEZ	ADDRESS /) YOU L	WillialvikHU	Virole Janta	ilov.		
Burial	ON, REMOVAL 23b. DATE 3/3/79	23c. NAME OF CEMETERY C	C	Location) W.L. Leeland (Pr.	Geo's) Md.	E		
Rionard Funeral	A. Coleman - Mr.	per Marlboro	MAR 6	1979 25b. RESIST	RAR'S SIGNATURE			

STATE OF MARYLAND

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3/	14 FA	THER'S NAME FIRĞarfi	eld I	MIDDICUT:	ry LASI	ī	Margaret	L. Keeney	DIE		LA	AST
2		/AS DECEASED EVER ES, NO OR UNKNOWN) NO		RMED FORCE /E WAR OR DATE		SECURITY NO 1.2 1.501.	James N. Gar		as ab	ove		
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(VR A 15 (4))

24. FUNERAL DIRECTOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

79-04920

YEAR

IF UNDER I YEAR

INDUSTRY

26. HOUR

HOURS

12b. KIND OF BUSINESS OR

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APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH

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COUNTY

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250. DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE

IF UNDER 24 HRS

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STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-GILYARD SYLVESTER L. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. 4 RACE IF UNDER 24 HRS . SEX DATE PRONOUNCED 6-28-1951 male negro DEAD 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Florida U.S.A. Prince George's County DIVORCED [ID. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Supervisor F.B.I. Prince George's General Hosp. Cheverly 13d. INSIDE CITY LIMITS? Temple Hills 4710 23rd. Parkway Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Willie Mae Douglas Gilvard Henry 16h SOCIAL SECURITY NO. 17. INFORMANT ADDRESS DIVISION WITH FO (YES, NO, OR UNKNOWN) 265-04-8620 Shirley Ann Gilyard Same as in Item 13a APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cranio-cerebral injuries DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ED AS A CERTIFICATION 190. DATE OF OPERATION 96. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? O. BURIAL, YES X NO 3 SHOULD BE DEPARTMENT 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR 10 Pedestrian struck by vehicle. MEDICAL 6:30xxx 2-22-10 79 CONTRIBUTING CAUSE OF DEATH PRIOR 21f. LOCATION 218. PLACE OF INJURY (AT HOME. AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) 300 blk. Owen Rd. Oxon Hill Prince George state AL DIRECTOR: PAGE 3 road MARYLAND/21201 22a. I certify that I taak charge of the remains described above, held an Inquiry and in my apinian Undetermined manner TITLE (SPECIFY) TO MEDICAL EXECUTE THE C PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, V BALTIMORE, MA ACTUAL Assistant 2-23-79 MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St. TYPE OR PRINT 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. 23r. NAME OF CEMETERY OR CREMATORY San Mateo Putnham Florida San Mateo Cemetery Burial 256 RESISTRAR'S SIGNATIVE 24 FUNERAL DIRECTOR George P. Kalas Funeral Home (VR A15 ME (5)) Oxon Hill Rd. Oxon Hill Maryland 15M7/76

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH LAST

20 DATE OF DEATH Feb 14, 1979

10:05A.

IF UNDER 24 HRS

17h, KIND OF BUSINESS OR

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

Home

Ellison Street

Onarato

Viscola arken Sterice

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

NO [

COUNTY

STATE

22c. DATE SIGNED

Totowa Brogh Passaic, N. J.

Francis Gasch's Sons, PA Hyattsville, Md.

DHMH - 16 50M 1/76 (VR A 15 (4))

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-Geraldine Deater Guinn LEASE ECTOR. FILES. HOURS STREET DEATH MATED S. DATE OF BIRTH 4 RACE 6. AGE (IN YEARS IF UNDER ! TR. LIE LINDER 24 HRS 3. SEX 2c. DATE FUNERAL DIRECTOR FOR YOUR F PRONOUNCED DEAD 70. BIRTHPLACE (STATE OK A. CITIZEN OF WHAT 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New Port News, Va. USA DIVORCED ID. CITY OR TOWN OF DEATH 12g. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Hyattsville 43rd Ave to P.G. Hospital Waitress Restaurant 13d. INSIDE CITY LIMITS? BALTIMORE, MD. 2120 YES X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Hartless FIRST Stephen Guthrey Hurley Duck 60 WAS DECEASED EVER IN U.S. ARMED FORCES? IAL SOCIAL SECURITY NO. 17. INFORMAN East Riverdal P.Mds. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) " 579-22-5966 Thelma C. Chumbris-sister 5600 56th Ave No None 18. CAUSE OF DEATH (Enter only ane cause per line far, (a), (b), and (c).) APPROXIMATE INTERVAL vienoseleso Tic Coroled Vascallar descar PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL, YES NO 3 SHOULD BE DEPARTMENT C 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE AT WORK AT WORK 21201 22a. I certify that I took charge of the remains described above, held on Autopsy DIRECTOR: Inspection and in my apinion death resulted from: Natural causes Hamicide Undetermined manner FUNERAL I MEDICAL EXAMINER AFTE 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION Burial 2-9-79 Washington National Cem. Suitland .Md J. William Lee's Sons Co. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** 300-4th St.N.E. Washington, D.C. 20002 Existion ME Tready (VR A15 ME (5)) 15M 7/77

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-04924

-	STATE REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO.	-0493	-
1. DEG	CEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
(TYPE	ESTHE:	R M.	HANSON		FEB. 12, 197	79	10:55
3. SE)	X	4. RACE	5. DATE OF E	BIRTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 H
Fe	male	Caucasian		11,1901	77	MONINS DATS	HOOKS
7c. BI	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	UNTRY? 8	NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH	
	Minnesota	U.S.A.	WIDOWED [Prince George	s Count	У
10. CI	ITY OR TOWN OF DEATH	11, NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI		OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	126. KIND O	F BUSINESS
	Lanham, Md.	Doctors' Ho	sp. of P.	G. Co.	Housewife	Hom	e
USU	AL RESIDENCE (IF NURSING HOMES	PROTHER INSTITUTION, GIVE RESIDEN	OR TOWN 13	d. INSIDE CITY LIMITS?	13e STREET ADDRESS		
				YESKIX NO [P O Box 49		
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16a V	WAS DECEASED EVER IN U.S. A		AL SECURITY NO. 17	7 INFORMANT	40140 Welsle	ey La	
		n/a 480	36 8545 A	Lawrence Dan	iels Bowie, Md.	•	
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Annapolis, Md.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

BP. DHMH - 16 50M 7/77 (VR A 15 (4)) STATE OF MARYLAND

A	1 -	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG	REG. NO		04925	j
	1. DEC	CEASED NAME FIRST	MIDDLE	L.	AST	20. DATE OF DEATH		YEAR 26. HOL	JR
=19	(TYPE	SIDNEY		HAR	RRIS		2 12	79 9:50	A M
	3. SEX		4 RACE	S. DATE C		6. AGE (IN YEARS LAST BIRT		ER I YEAR IF UNDER	
	1	Male Black		MONTH	n. 25-1919	60	YRS.	DAYS HOURS	MIN.
35	7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	PRINCE GEO	_		MD.
74	10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE PRINCE GEORGE	NG HOME C	- 23	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Retire-Dis	F WORKING LIFE) IN	DUSTRY	
33	13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN	-	re admission) VN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS Rt. 3 Box	261 Mir	nerel Viu	cgini;
16		Charlie S. Harr	MIDDLE LAST		15. MOTHER'S MAIDEN NA FIRST Jane	MIDDLE		Harri	s
3		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 16b, SOCIAL SEC WAR OR DATES)	urity no.	Son/ Sidney		ss 0xen H on-1717-		
y injury, or other in	TION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO	DEATH BUT		AINAL DISEASE OR CON		PART 1(a)	·D
Jo swor	CERTIFICATION			TO EXATIO		YES NO	IN CERTIFYING YES	CAUSES OF DEA	TH?
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 O	R PART 2}	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.)	211. LOCATION STREET	CITY OR TOV	VN CO	OUNTY 5	STATE
0 1 7			at) view the body ofter death.	2.0	nd that in (my (our) opinion	deoth occurred on the d			
=======================================		22b. SIGNATURE	Ander			MEDICAL STA	FF	221. DATE SIGNED	9
MPORIANI: II ITEM ZI		22d. PHYSICIAN'S NAME (TYPE	HAIDAK		220 ADDRESS	rele M			
≥	2	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	2716=79	benez	er Cemetery	23d LOCATION CITY OF TOWN LOUF I Sa		ia	TATE
7	24. F	UNERAL DIRECTOR I HOMAS	Home - 3831 Geo		outsa Va. 250 DA	EB 28 1979	25b. REGISTRAR'S	SIGNATURE	4

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-04926 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20. DATE OF DEATH MONTH 7h HOUR (TYPE OR PRINT) FEB 8 1979 :22 JOHN NOLAN HARWELL GNAG 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 24 HRS MONTH DAY YEAR HOURS WHITE MALE AUGUST 13 1913 65 70. BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED XX NEVER MARRIED PRINCE GEORGES COUNTY GEORGIA U.S.A. WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR ANDREWS AIR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY BALTIMORE, MARYLAND 21201 FORCE BASE MALCOLM GROW USAF MEDICAL SUPERVISOR COKE-COLA CO USUAL RESIDENCE OF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13c CITY OR TOWN 7021 NIMITZ DRIVE, UFICHTS PRINCE GEORGE DISTRICE TYES XX MARYLAND NO [15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME HEIGHTS MIDDLE MIDDLE SUSAN Wills XXXXXXXX LESTER HARWELL VIVIAN LENORA HARWELL/WIFE 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES NO OR UNKNOWN) LIE YES GIVE WAR OR DATEST NO 79-03-3110 国 NO NIMITZ DRIVE DISTRICT HEIGHTS S APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) RELEA PART I. DEATH WAS CAUSED BY Annes PRESTON ST., RESPIRATORY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF DISKASE HEART + THEROSE - RAOTIC Conditions, if ony, which IED gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse DIVISION OF VITAL RECORDS, 201 OTIF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? Z IN CERTIFYING CAUSES OF DEATH? NO YES T NO T INE 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 EXAM 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AI WORK AT WORK 22a. | certify that (1) (this hospital) attended the deceased from sow the deceased alive on. _, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL MED. PHYSICIAN DIRECTOR PHYSICIAN IMPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) MALCOLM GROW USAF MEDICAL CENTE th the OUALEY, USAF, CAPTMO ANDREWS AIR FORCE BASE, MARYLAND, 20331 23d. LOCATION 230. BURIAL CREMATION REMOVAL 23h. DATE 23¢ NAME OF CEMETERY OR CREMATORY STATE COUNTY Brentwood, P.G., Md. Burial 2 - 12 - 79Ft. Lincoln Cem. ADDRESS 4308 Suitland 250. PATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR RODE DHMH - 16 50M 7/77 Suitland, Md. (VR A 15 (4)) Rd., Funeral Home

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME O DATE KNOWN 7h HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 6. AGE (IN YEARS 2d HOUR IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED 00 DEAD BIRTHPLACE (STATE OR 9 MALTIMORE CITY OR COUNTY OF DEAT Maryland NEVER MARRIED USA DIVORCED WIDOWED D CITY OR TOWN OF DEATH KIND OF BUSINESS IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION SHOULD BE FILED Prince George General OR INDUSTRY Cheverly Clerk Postal ORDS, USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STREET ADDRESS WE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? District Walker Mill Road Md Prince George TE. NO [VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST FIRST AND Ethel Tillman Henson Hall OF 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO. **ADDRESS** DIVISION YES, GIVE WAR OR DATES ME DIE OR UNKNOWN) 28 7699 Ethel Herring. Forestville, Md. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per far (a), (b), and (c). BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT Canditions, of any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 0.5 BURIAL, YES . NO [BE E 3 SHOULD BE DEPARTMENT PRIOR TO BURIA 21g. EXTERNAL CAUSE WAS 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e. PLACE OF INJURY (AT HOME, 71d INJURY OCCURRED 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY PAGE TO MEDICAL EXAMINER: TO MEDICATE, EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST 22a. I certify that I took charge of the remains described above, held an Autapsy Inspection MARYLAND. death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner TITUE (SPECIFY) IMORE, EXAMINER'S NAME (TYPE OR PRINT) 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Burial Washington Nat'l. Cem. Suitland DHMH-17 20M 1/73 24. FUNERAL DIRECTOR Robert G. Mason, Inc., Washington, D. (VR A15 ME (5))

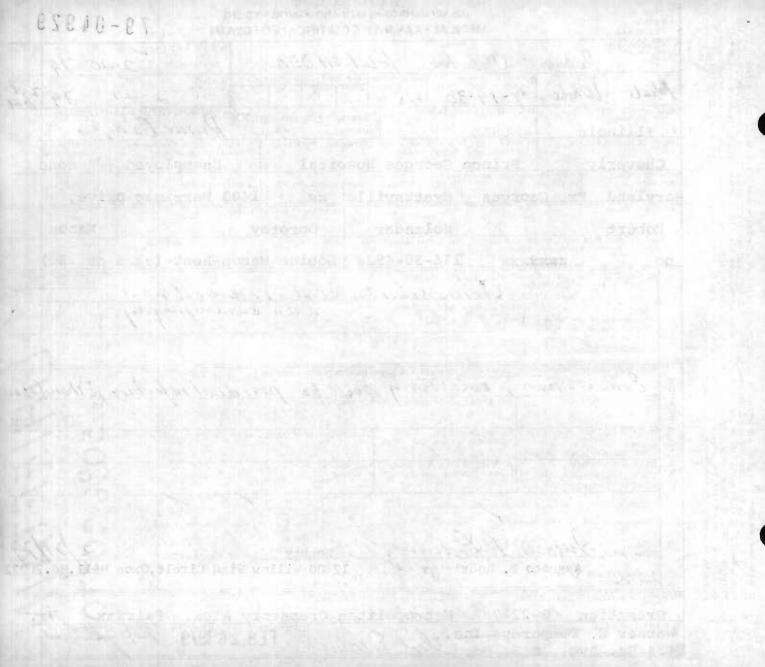
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) OF ESTI-0 4 RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE HOUR LAST SIRTHDAY) DAY PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE MARRIED NEVER MARRIED WIDOWED DIVORCED PRINCE GEORGES TEO, OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Carptenter - Retired NURSING HOME OR AN 13d. INSIDE CITY LIMITS? 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST AND Adelaide Hazell, Sr. Robert Brewery 7. INFORMANT ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) 578 01 1899 Mae Hazell, Wife, Same as Above 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY intarresclustro Certis Vasculer IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which REMOV gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) DIVISION OF VITAL RECORDS, E USED AS A CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, E DEPARTMENT OF PRIOR TO BURIAL YES [] NO . 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21s. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL TE PLACE OF INJURY (ATHOME, 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE AT WORK AT WORK TO MEDICAL EXAMINER: 1
EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 213 22a. I certify that I took charge af the remains described above, held an Autopsy Inspection and in my opinion Notural causes Accident Suicide Homicide I Undetermined manner TITLE (SPECIFY) ACTUAL DEPT MEDICAL EXAMINER EXAMINER'S NAME GUS TO R. RODRIGUE 3/M. 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Ft. Lincoln Cemetery Brentwood P. Grand 1250 DATE RECTO. BY REGISTRAR 2550. RE Burial |2-16-79|24 FUNERAL DIRECTOR Robt E Wilhelm 4308 Suitland **DHMH-17** (VR A15 ME (5)) Funeral Home Rd., Suitland, Md. 15M 7/77

79-01928

FOR **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN DE MONTH 2b. HOUR TYPE OR PRINT DEATH MATED 6. AGE (IN YEARS | IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS DATE 2d. HOUS LAST BIRTHDAY PRONOUNCED PRESTON S -30 DEAD Th. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XX FOREIGN COUNTRY) Illinois USA WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY Prince Georges Hospital Unemployed Cheverly none USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION) 13a STATE 136. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 1403 Merrimac Drive, Maryland Hvattsville NO [Georges YESCIST 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDCLE MIDDLE Helander Robert Dorothy Mason 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS LYES, NO. OR UNKNOWNS 216-30-4928 Louise Mason-Aunt-(same as 13e) no 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Clareto Vasacelos de scase with cerdes megales DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION maccatren 19a DATE OF OPERATION 20 AUTOPSY? E 3 SHOULD BE US E DEPARTMENT OF PRIOR TO BURIAL, NOXX 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 3 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH PM 218 PLACE OF INJURY (ATHOME. 21f. LOCATION STREET, FACTORY, FARM FTC 1 STREET CITY OR TOWN STATE WHILE AT WORK COUNTY 220. I certify that I taak charge of the remains described above, held an Autopsy and in my apinian ARYLAND, death resulted fram: Natural causes Hamicide L Undetermined manner TITLE (SPECIFY) EXECUTE THE C PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, ABALTIMORE, MA M.D. Deputy MEDICAL EXAMINER Augusto 12800 Willow Wind Circle. Oxon Hill (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236, DATE 23r NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Metropolitan Crematory Alex. Fairfax Va. Cremation 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** Pumphrey ACORING (VR A15 ME (5)) 15M 7/77

STATE OF MARYLAND



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L DIRECTOR FILL ON STREET		emale	White	5. DATE OF BIRTH	YEAR 20	58 YRS.	UNDER 1 YR. IF UN	RS MIN F	R. DATE PRONOUNCED DEAD	2	13 19 79 A M
FOR WITHIN	Ge	RTHPLACE (S' REIGN COUNTRY) Orgia	1	USA		WID		ORCED	Prince G	eorge 1	s County MD.
PAGE FILED	CI	neverly		Prince	George	e s Co,.	THER INSTITUTION Hospital	FOR M	ALOCCUPATION (OST OF WORKING LIFE) SEWIFE	TYPE OF WORK	12b KIND OF BUSINESS OR INDUSTRY at home
S AND AND S	13a S Me	TATE d.	Pr.	E OR OTHER INSTITUTION, GI INTY Geo.	13c. CITY	or town tland		321	et address 7 Sycamor	e La.	
DEATH.		Ollie	D EVER IN U.S. A	MIDDLE	K	ing IAL SECURITY NO.	15. MOTHER'S A FIRST		ADDRE	cc	Wiggins
BALTIMORE, MD. BURS AFTER DEATH. WITH FORM PM. WITH FORM PM. I. PAGES 1 AND 2 DIVISION OF WITH	160. V	no, or unkno	(IF YES, GI	ne	237	-34-1732			nt 2154 D		AFB. Md. Andrews APPROXIMATE INTERVAL
BIVISION OF VITAL RECORDS, 301 W. PRESTON ST., IS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU RITHING THE WORD "PENDING" IN PENCIL IN TIEM 18 HOED TO THE CHIEF MEDICAL EXAMINER ALONG VES 3 SHOULD BE USED AS A BURRAL-TRANSIT PERMIT. E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIPRIOR TO BURLAL, CREMATION, OR REMOVAL.	PART I DEATH WAS CAUSED BY: Atherosclerotic cardiovascular disease MMEDIATE CAUSE (a) Atherosclerotic cardiovascular disease Due to, or as a consequence of and imipramine intoxication Conditions, if ony, which gave rise to immediate cause (a) stating the underlying cause lost. (b) Due to, or as a consequence of and imipramine intoxication (b) Due to, or as a consequence of and imipramine intoxication (c) Part 2 other significant conditions contributing to death but not related to the terminal disease or condition given in part 1 (a).								ion	BETWEEN ONSET AND DEATH	
OF VITAL REC ATE SHOULD I WORD "PEN THE CHEF AN THE C	CERTIFICATION	25	OPERATION		Z.		I WAS PERFORMED?				20. AUTOPSY? YES TO NO
DIVISION OF VIT THIS CERTIFICATE SH. WARRDED TO THE CO PAGE 3 SHOULD BE STATE DEPARTMENT TO I PRIOR TO BURIT	MEDICAL CER	UNDERLYING	OCCURRED	21e. PLACE	I. MONTH	DAY YEAR 19 (AT HOME, 21f	. HOW INJURY OCC LOCATION STREET	URRED (ENTER N	IATURE OF INJURY IN ITEM		RT 2) . UNITY STATE
KAMINER: ERTIFICATE D BE FOR RECTOR: WITH THE OF		22a. I certi death result ACTUAL SIGNATURE	ify that I took cha ted fram: Na	orge of the remains destructed to the remain	Accident e M	, Suicide	Hamicide TITLE (SPECIF Assis	tant MEDI	Inquiry		2/14/79
TO MEDICAL ES EXECUTE THE CO FAGE 4 SHOUN FOR FUNERAL D AFTER DEATH, V BALTIMORE, MA	23u.B	EXAMINER'S (TYPE OR PRI		Margarita 23b. DATE		oreII, M.	ADDRESS	11 Penn	Street	COU	NTY STATE
BP		UNERAL DIREC		2/16/79	,	lington N	25a E	em. Ar	lington	2	Re Crassy Va.
(VR A15 ME (5))	C	P K-3	6160	Oxon Hill	Rd. (Oxon Hill	M.A.		7.00		

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20. DATE KNOWN TO MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 2 UNERAL DIRECTOR.
SLEOR YOUR FILES. ON STREET 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED DEAD 7g. BIRTHPLACE (STATE OR 9. BASTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED -DIVORCED 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS BE FILEI MillINER 13d. INSIDE CITY TIMITS? NO T VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE AND AND OSE FORM 60. WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT Canditions, if any, which AND MENTAL H gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 301 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ED AS A I CERTIFICATION USED 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 6 BURIAL YES . NO [BE 3 SHOULD BE DEPARTMENT 21g EXTERNAL CAUSE WAS 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 CONTRIBUTING CAUSE OF DEATH 21201 PRIOR 21e. PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC 1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK STATE TO MEDICAL EXAMINER: 1
EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORV
TO FUNERAL DIRECTOR: P
AFTER DEATH, WITH THE SI
BALTIMORE, MARYLAND, 21 22a. I certify that I took charge of the remains described above, held an Autapsy Inspection and in my opinion death resulted fram: Natural causes Suicide Homicide Undetermined manner SPECIFY EXAMINER'S NAME (TYPE OR PRINT) 230, BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION DHMH-17 20M 1/73 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE (VR A15 ME (5))

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-04932 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR (Type or print) Month 13 Day 1979 or JAMES DAVID HOUT FEB 9:33Pm 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) HOURS MALE CAUCASIAN JAN 28, 1953 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH GERMANY PRINCE GEORGES USA WIDOWED [7] DIVORCED 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 1D. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY MARYLAND 2120 ANDREWS AFB MD MALCOLM GROW USAF MEDCEN none 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER admissian) STATE YESK MD NO O 12105 FOXHILL LANE BOWIE GEORGES 14. FATHER'S NAME Last 1S. MOTHER'S MAIDEN NAME First Middle MARVIN **JAMES** HOUT MARY LAVINA SMITH BALTIMORE, within 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, ar unknown) (If yes give war or dates af service) MARVIN J. HOUT (m)ther 227-64-8004 SAME AS 13 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PRESTON STREET. Conditions, if ony, which gave) whenhe rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse 3 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 301 DIVISION OF VITAL RECORDS. permit. 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING cremot CAUSES OF DEATH? NO [YES X 21a. ACCIDENT WAS UNDERLYING [21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) burial, 21b. TIME OF INJURY DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natity medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County While Nat while at work 220. I certify that (I) (this hospital) attended the deceased from 100 sow the deceased office on 1320 13209 17 and the 13/20 197) to U23 13/249 13 ke 19 77, and that in my (our) opinion death occurred on the date and hour and from the sow the deceosed office on couses stated above (1) we vaid (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** CAPPEGREE 13 Lets. DIRECTOR PHYS. PHYS. 22e. ADDRESS MALCOLM GROW USAF MEDICAL CENTER NAME (Type) MICHAEL DANIELS, Capt, USAF, MC ANDREWS AFB MD 20331 pine 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23a. BURIAL, CREMATION 23d. LOCATION (City or Town) (County) (State) remarky (Specify) of o Feb.17,1979 2 Metropolitan Crematory Alexandria, Virginia ADDRESS OF 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Beall Funeral Home 9013 Annapolis Road, Lanham, Maryland DATE F R 9 1 1979 tistou Kalka

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-04933 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 2g. DATE OF DEATH 2b. HOUR A First (Type or print) Hronakis Month 10 200 Alexandros M. February 6. AGE (In years 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX last birthday) DAYS MONTHS HOURS Male White January 20,1893 YRS 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Greece Prince George's U.S.A. WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) Prince Geo's General Hospital during most of working life_even_if retired.) INDUSTRY PRESTON STREET, BALTIMORE, MARYLAND 21201 Cheverly (Emplyd)
13e. STREET AND NUMBER Restaurant 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) STATE Md • 13b. COUNTY Anno Marlboro 13d. INSIDE CITY LIMITS? YES NO IX Box L 0 14 FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle UNKNOWN UNKNOWN 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 1MT07 Rectory Lane (Yes, no, ar unknown) Daniel Boone Wayson-Upper Marlboro. 227-14-8724 No ed Md. 20870 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED 8Y: Mocardi IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF 4 0 Conditions, if any, which gave) Z rise to immediate couse (a). DUE TO, ORAS A CONSEQUENCE OF stoting the underlying couse Examiner DIVISION OF VITAL RECORDS, 301 W. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO X 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY Medical OR CONTRIBUTING CAUSE DF DEATH HOUR A.M. Month Day Year (If either, notity medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Not while at work accord 1978 to 3 . 19.79 , that (1) twe) last 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased olive an _19.7 9, and that M (my) (aur) apinian death accurred an the date and hour and from the saw the deceased olive an_ causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. 81G WAT LUK 22c. DATE SIGNED MED.
DIRECTOR ATTENDING STAFF PHYS. M DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S Clark Holmes, M.D. Upper Marlboro, Maryland 20870: NAME (Type) A FUNERAL hauld be f Health o retained 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. 8URIAL, CREMATION, (County) (State) Burial 2/8/79 Lakemont Cemetery Davidsonville (A.A.) Md. 0 25a. REC'D BY REGISTRAR A. Coleman-Upper AMErlboro, Home Maryland 20870: 2Sb. REGISTRAR'S SIGNATURE DHMH - 16 3/72 25M Funeral (VR A15 (4))

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

RE: 31-1 52 55				, , , 1	
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H			FOR STATE			DEPARTMENT OF H				79-0	14936
1		_	REGISTRAR CEASED NAME	# FIRST	MEL	MIDDLE A	K 3	LAST		NOWN MONTH	DAY YEAR 2b. HOUR
	ORS .	(TYI	E OR PRINT)	Howa	rd	L. H.	UM	Tidr	OF	ESTI- MATED D 2 -	01 1979 M
	ESSARY, PLIASERAL DIRECTOR OR YOUR FILES THIN 72 HOUR RESTON STREET	13. SEX 1 BACE 15. DATE OF BIRTH MONTH DAY YEAR 16. AGE (IN YEARS) LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD 70. CITIZEN OF WHAT COUNTRY? 8. PRONOUNCED DEAD 9. BALTIMORE CITY OR GOUN								DAY YEAR 24, H3 48	
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	DELAY IS NE I TO THE FU N PAGE 5 BE FILED, V DS, 301 W.		Lanhamr	(11. NAME OF HOSPITAL, NURSING HOME, OR OTHE ("Doctors" Hospital) of P.						126. KIND OF BUSINESS CORINDUSTRY
21201	AND 3	13a. S	TATEMO.	13b. PUNTY	ER INSTITUTION, GIV	eresidence Before Admission		YES NO	13e, SIRSET ADDRES	escent Rd	
WD.	ATH. S 1, 2 PM 3 4D 2 3 VITAL	Н	oward	Lodge		LAST		Edna 15. MOTHER'S MAIDE	E. MID	Props	Bt LAST
BALTIMORE	URS AFTER DI B. GIVE PAGE WITH FORM PAGES 1 A DIVISION OR	16a. V	VAS DECEASED EVER	IN U.S. ARMED F	FORCES?	273-05-183		Virginia I	L. Hunt,	Same as #	[‡] 13
301 W. PRESTON ST.,	CUTED WITHIN 24 HOUNDED TO BENCE! IN PERCE! IN TEM 18 IN BRAILTRANSIT PERMIT. IN MENTAL HYGIENE, IT OR REMOVAL.		Conditions, it gave rise to couse (o) stating lying couse lost.	/AS CAUSED BY: IMMEDIATE CA any, which immediate g the under-	(b) DUE TO, OR A	AS A CONSEQUENCE OF	F			W 1818	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS.	ULD BE EXECL "PENDING" IP EF MEDICAL I SED AS A BUR HEALTH AND CREMATION, (TION	190 DATE OF OPERA			UT NOT RELATED TO THE TERMIN			T 1 (a).		
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DIVIS	R: THIS CERTIING RWARDED T PAGE 3 SH STATE DEPAI	MED	21d. INJURY OCCUR WHILE NOT AT WORK AT W	RED WHILE ORK		FINJURY (ATHOME, DRY, FARM, ETC.)		CATION	CITY OR TOWN	N CO	UNTY STATE
	XAMINER: CERTIFICATE, ILD BE FOR MECTOR: B WITH THE S		Extra Action Code in	I took chorge of the Natural con	uses I,	ribed above, held an Accident Suice	LEG M	Homicide	Undetermined mor	DATE NER SIGNE	2-2-79
	TO MEDICAL E FACE UT THE PAGE 4 SHOU TO FUNERAL AFTER DEATH, BALTIMORE, M.	73a P	EXAMINER'S NAME (TYPE OR PRINT)		P. Roc	driguez (/		ADDRESS		rcle,0xon	Hill,Md.20022
67	OBP	(3	Burial		28-79	Woodland		metery	Vanwert,	VanWert	Ohio
	DHMH - 17 (VR A15 ME (5)) 15M 7/77	F.	dasch's	Sons , P	A ADDRESH	yattsville,	Md.	250. DATE-R	EC'D. BY REGISTRAR	236. REGISTRAR'S S	IGNATURE

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-14939

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BP. DHMH - 16 50M 7/77 (VR A 15 (4))

injury, ar ather traumatic event, the

IMPORTANT: If Hem 21 is marked at Hem 18 shaws any

STATE	OF	MARY

AND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	3-04941					
1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR					
Freeman ANDERS	LEONARD	JONES	FEBRUARY 20	1979 1015 AM					
3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS					
MALE	CAU	JUNE 6 1919	59 YRS	MONTHS DAYS HOURS MIN.					
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN						
DENISON, TEXAS	USA	WIDOWED DIVORCED	PRINCE GEORGES	COUNTY MD.					
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR					
ANDREWS AF BASE		AF MEDICAL CENTER	MTT.TTARV	US AIR FORCE					
USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 136 COUR	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	13e STREET ADDRESS						
VIRGINIA FAIR			8316 BOUND BROO	OK TANE					
14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME						
LEONARD	I JONES	ELIZABETH	NMI	CHRISTMAN					
160. WAS DECEASED EVER IN U.S. AR			ADDRESS						
	WAR OR DATES) UG 1968 453-10-50		M. JONES (WIFE)	NDR K A, VA 22309					
18 CAUSE OF DEATH (Enter or	nly ane cause per line far (a), (b), and		ACON TANK	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
PART I. DEATH WAS CAUSE	TE CAUSE (a) Cerelio	aulmenaus	Sarline						
1896 IMMEDIA		1							
Canditians, ff any, which	DUE TO, OR AS A CONSEQUE	DE CONCINERY	al Punare						
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underlying cause last.	DUE TO, OR AS A CONSEQUE	INCE OF							
DART 2 OTHER CICALIFICANT	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN								
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)								
NO DATE OF OPERATION 1700 DATE OF OPERATION 1700 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20g AUTOPSY? 20b. IF Y	206. IF YES, WERE FINDINGS USED					
17 Nov 79	Carringenne	w Ramenar	YES NO						
210 ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 1	- 4					
OR CONTRIBUTING CAUSE OF DE	1	AY YEAR							
(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 211 LOCATION							
WHILE IT NOT WHILE IT	(AT HOME, STREET, FACTORY, OFFICE, F.		CITY OR TOWN	COUNTY STATE					
AT WORK AT WORK	ital) attended the deceased fram_	6 NOV 1078	20 Feb-	10 79 1 1 1 1 1 1 1					
	20 Feb	10	death occurred an the date and h	aux and from the causes stated					
abave (I) we (did vidid no	it) view the bady after death.	DEGREE	acon occored an me gare and n						
128. SIGNATURE	- H ()1.	ATTENDING	MEDICAL STAFF	DATE SIGNED					
22d. PHYSICIAN'S NAME (TYPE C	N. Clen	PHYSICIAN	DIRECTOR PHYSICIAN	00 reb-17					
Wmm.			LM GROW USAF ME	DICAL CENTER					
	ARK, MAJ, USAF,		WS AFB DC 20331						
230 BURIAL, CREMATION, REMOVAL (SPECIFY)		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE					
Burial	2-24-79 Ge	eorgetown Cemetery	Georgetown, T						
24 FUNERAL DIRECTOR	neral Home ADDRALES	250. DA	E REC'D. BY REGISTRAR 256, REGI	STRAR'S SIGNATURE					
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20. DATE KNOWN DAY 26 HOUR (TYPE OR PRINT) OF ESTI-Foad Kenyada Jordan DEATH MATED 19 1979 3 SEX 4 RACE DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF LINDER 24 HRS 2c. DATE 2d HOUR 10:34 LAST BIRTHDAY PRONOUNCED female. black 1079 ā. M DEAD 11 - 20 - 759. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED FOREIGN COUNTRYS Maryland WIDOWED [DIVORCED Prince George County USA 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS B CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE! Cheverly Prince George General Hospital None NONE ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 30 STATE 136. COUNTY Maryland P G. County YES] NO [Bladensburg Allendale Driv 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME 1AST Donne 11 Adams Charlena 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 106 (YES, NO. OR UNKNOWN) Charlena Jordan- Mother/5200 Ouincy St. #10 NO UNKNOWN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) SETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Smoke Inhalation IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO | 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21s. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 8:30 P.M. 2/19 housefire 21f. LOCATION STREET, FACTORY, FARM, ETC.1 Drive, PalmerPk, P.G.Co. 8148 Allendale AT WORK NOT WHILE house AT WORK X and in my opinian 22a, I certify that I took charge of the remains described above, held an Autopsy Inspection Undetermined manner death resulted fram: Natural causes Accident Suicide TITLE (SPECIFY) DATE Assistant 2/22/79 MEDICAL EXAMINER Virginia L. Dolan, M.D. 111 Penn Street, Balto, MD 21201 EXAMINER'S NAME TYPE OR PRINT 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY BURIAL 2/24/79 CHURCH CEMETERY MAXTON, NORTH CARILINA 24 FUNERAL JOHN T. RHINES COADDRESOIS 12th St. Wash.D.C 1250. DATE REC'D. BY REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) 15M 7/76

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR			EALTH AND MENTAL HYG	REG. NO.	9-049	43
		CEASED NAME FIRST EDWA	RD C.	KAIGHN	AŠT	FEBRUARY 16,	DAY YEAR	26 HOUR 5:00A M
	3. SE	x male	4. RACE 5. DAT MC Apr		DF BIRTH 2, DAY 1893 YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 85 years	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
3	70 BIRTHPLACE , STATE OR FOREIGN COUNTRY!		ATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8.		D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY Prince George		
Lanham				Spital of	P. G. County	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Post Master		of BUSINESS OR
5	r¥3a. S		Georges	Y OR TOWN		130. STREET ADDRESS Thwa	y Road	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3 6			rton Kaighn	LAST	15. MOTHER'S MAIDEN NAM	Mary Shar	rp LAS	iT
1		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) Yes W		26 1152	Adelaide P	Kaighn Greenbe	elt, Md.	
	CERTIFICATION	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT OFFICE OF OPERATION	erforati	CATHUZ ONSEQUENCE OF	colonal l	20g. AUTOPSY? 20b. IF	GIVEN IN PART 100 FTC CAU YES, WERE FIND CAUSES	CICOSIS NGS USED
<u>/</u>		2]a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	- 110110 111 110	Y DNTH DAY YEAR	21c. HOW INJURY OCCURR	YES NO DED (ENTER NATURE OF INJURY IN ITEM	YES 2	NO 🗍
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK	P.M. 21e. PLACE OF INJU (AT HOME, STREET, FACTO	RY DRY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		22a 1 certify that (1) (this has saw the deceased alive abave (1) (we) (did) (did r 22b. SIGNATURE	3/	19. <u>29</u> , ar	nd that in (my) (aur) apinion of DEGREE	to 2/16		
1		22d. PHYSICIAN'S NAME (TYPE	CARRINI)	MD	ATTENDING PHYSICIAN E	MEDICAL STAFF DIRECTOR PHYSICIAN	3/10	6/79
	(BURIAL, CREMATION, REMOVA SPECIFY) Burial UNERAL DIRECTOR	Feb 19, 1	1979 Ft L	EMETERY OR CREMATORY incoln Cemeter 250. DAT	23d. LOCATION CITY OR TOWN Brentwood REC[D. BY/REGISTRAR 25b. REG	county Pro Georg	STATE Md
		F. Gasch's So	ns P A Hyati	sville, M	d.	LD 79 191 5	700	7

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

Rd., Suitland.

STATE OF MARYLAND

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FOR - STATE STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

79-04945

		REGISTRAR		CERTII	ICAIL OF DEATH	REG. N	5.	,			
		CEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR	2h HOUR		
		XXXXX	GERARD GABRI	CXX	MP BOX MATX	FEBRUARY 2			1:25P M		
	3 SEX	Male	4. RACE	5 DATE C	25, 1902 YEAR	6 AGE (IN YEARS LAST BIRT	HDAY} IF UP	HS DAYS	IF UNDER 24 HRS HOURS MIN.		
	70 RII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL		-/, -/	9. BALTIMORE CITY O	YRS.	DEATH			
8	CC	Mass.	U.S.A.	MARRIE	NEVER MARRIED		-				
g		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL.	WIDOWE		PRINCE GEORGE COUNTY					
40	10 C1		(IF NOT IN SUCH FACILITY, G	IVE STREET ADDRESS]		(TYPE OF WORK FOR MOST C	F WORKING LIFET	NDUSTRY			
8	115114	LANHAM	DOCTORS HOS		. CO.	Teacher &	Command	er	Navy		
A	Ma			or town wie	YES 🔣 NO 🗌	13e STREET ADDRESS 16315 Pone	d Meadov	lane	3		
	14 FA			LAST	15. MOTHER'S MAIDEN NAM	MIDDLE	017	LAST			
11	11 11	Joseph	Kemy		Catherin	1e ADDRE		Reilly			
		VAS DECEASED EVER IN U.S. AR	LE WAR OR DATER	AL SECURITY NO. 33-9071	17. INFORMANT			Boy			
		yes 19	41-1903 009-0	03-90/1	Elizabeth S.	летр, 1631	Pond M	leadov	A Lane, Md		
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (a)	1, (b), and (c)	to in Balen	10		BETWEEN	MATE INTERVAL		
			TE CAUSE (0) CH	tory.	12 Mi sale	0	200	4	2/12		
		493 - DUE TO, OR AS A CONSEQUENCE OF									
		Conditions, if any, which ((b) Illionich Conjustive facility / WK									
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CO	NSEQUENCE OF	I servet Do	rust		11	-1		
		underlying cause lost (c) emplipema Chronic (Dellioty)									
	7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
_	10	Mun	1 LUPES	The D	rsease						
)	ICA	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	10b. IF YES, WE	ERE FINDING CAUSES	GS USED OF DEATH?		
-	RTIF					YES NO	YES []	NO []		
7	U	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MON	ITH DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1	OR PART 2)			
	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER		p							
	MEDICAL CERTIFICATION	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY	Y, OFFICE, FARM, ETC.)	21f LOCATION STREET	CHYORTON	vN C	OUNTY	STATE		
	~	AT WORK AT WORK				6-0	1 20 -	20			
Н	- 1	220.1 certify that (I) (this hasp	ital) guended the deceased	d from	19_7/		19/	,	that (1) (we) last		
	3.77	saw the deceased alive on abaye (1) (we traid) (defect	n) yew the bady after death	h. 19, or	nd that in (my) (autrapinion o	death accurred on the de	ate and hour and	d from the	couses stated		
7	34	226. SIGNATURE	V		DEGREE			22c. DATE	SIGNED		
á		Joun A	Jugon		ATTENDING PHYSICIAN	MEDICAL STA		till.	26 19/9/9		
		22d. PAYSICIAN'S NAME TYPE O			22e ADDRESS						
		JOHN J. SHI	GO, M.D.		6911 Laurel	Bowie Rd, B	owie, Mo	d.			
	23a. B	SURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COU	NTY	STATE		
	10	Burial	Feb.28,1979	Resurr	ection Cemeter		, Maryla				
	Rot	Annapolis	uneral Home	DRESS	_ 00 a 250. DATE	BEST BY REGISTRAR	256. REGISTRAR	S.SIGNAT	MRE (
	9	013 Annapolis	Road, Lanham	, Marylan	d Star	mm1 6 13/	J July	- chil	Cready		

DHMH - 16 50M 7/77 (VR A 15 (4))

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DEPARTMENT OF HEALTH AND MENT AL HYGIENE

79-04946

		REGISTRAR		CERTIFICATE OF DEATH						G. NO.				
λ,		EASED NAME	FIRST	N	MIDDLE	i	AST	1	2a. DATE OF DEAT		DAY	YEAR	2b. HOUR	-
	(TYPE	OR PRINT)	VELLIE	W		KERI	4			2	12	79	12:25PA	м
	3 SEX	(4 RACE	TA.	5. DATE C		6	AGE (IN YEARS LA	ST BIRTHDAY)	IF U	INDER I YEAR	IF UNDER 24 HRS	
		male		Caucas	ian	Jan.		AR	8:	10	MON RS.		HOURS MIN	
3/1	70. BIF	RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIE	P []	BALTIMORE CI	TY OR COU	NTY OF	DEATH		П
3		rginia		U.S.A.		WIDOWE			PRINCE	GEORG	FIS	COUNT	TY MI	D.
24	10 CITY OR TOWN OF DEATH CHEVERLY						OR OTHER INSTITUTIO		120 USUAL OCCU	PATION		12b. KIND OF BUSINESS OR INDUSTRY		R
14							HOSPITAL	Housewit		GLIFE	Home			
10	USUA 130. S	AL RESIDENCE (#	NURSING HOME OF	ROTHER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)	134 INSIDE CITY LIM	urs? h	3e STREET ADDR	ESS				
3		rginia		erick	Gainesbo		YES NO		Bloomer		Rou	ite		
	_	THER'S NAME		Marie Committee	- Nablany		15 MOTHER'S MAID	ENNAME			-		7515	_
33		Joseph		W.	Lee		Marga:	ret.	MIDE	A.E		Brown		
-	160 V	AS DECEASED E	VER IN U.S. AR		16b SOCIAL SECUE	RITY NO.	17 INFORMANT	100	4	1405 P				-
2	٠,	ES, NO OR UNKNOWN	(IF YES, GIV	E WAR OR DATES)	578-42-5	6664	Mrs. Law	rence		Beltsv			Ll Rd.	
/		No					1201 2011	101100	o o i no	PETUSV	1776		IMATE INTERVAL ONSET AND DEATH	=
		18 CAUSE OF D PART I. DEAT	H WAS CAUSE	nly one cause per D BY:	line for (a), (b), and	I IC'LI	10	0				BETWEEN	ONSET AND DEATH	-
		1/21/A IMMEDIATE CAUSE (0) CINCLE CO CONTROLLED										50	cons	_
		434	0	DUE TO, OF	AS A CONSEQUE	NCE OF			0	1	1	2-1	1	
		Conditions, if		(b)_6	arter	020	brothe	0	Cornel"	e die	-	10	yvs.	_
		gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF								250				
		underlying c	ouse lost	(c)		6500	100				1-1-5			
Н		PART 2. OTHER	SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO TH	E TERMIN	NAL DISEASE OR	CONDITION	GIVEN	IN PART 1	0 1	
	O													
6	CATION	190 DATE OF OP	PERATION	196 CONDI	ION FOR WHICH OPERATION WAS PERFORMED				20a AUTOPSY? 20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE.				NGS USED	
ofen	TIFIC			1000					YES NO		YES [NO [
2	CERTIFI	210. ACCIDENT WA	S UNDERLYING	21b. TIME O		MEAR	21c. HOW INJURY C	OCCURRE	D (ENTER NATURE OF	INJURY IN ITEM	18, PART 1	OR PART 2)		
1		OR CONTRIBUTING		AIN .	M. MONTH DA	Y YEAR								
	MEDICAL	21d. INJURY OC		21e PLACE (··	17	21f. LOCATION							_
	ME	WHILE N	OT WHILE	(AT HOME, STR	EET, FACTORY, OFFICE, FA	ARM, ETC.)	STREET		CITY C	OR TOWN		COUNTY	STATE	
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			ceased plive ar	rtal) ottended the	deceased from	9	nd that in (my) (ove) a	minion de	onth occurred on t	he date and	hour or		that (I) (we) las	ST
		obove, (I+(v	ve)+d-d).(did no	ti view the body	ofter death.				om occorred on t	ne dore ond	noor ar			_
		226 SIGNATURE	,				DEGREE ATTEND	DING	MEDICAL _	STAFF		22c DATE	SIGNED	
		The	dern	le L1	lun	req	Chin PHYSIC		DIRECTOR PH			211	71	
1		22d. PHYSICIAN	'S NAME (TYPE O	OR PRINT)		/	22e ADDRESS	1		1 11		11		
1		PREDE	eic.K	E. My	SSER	mD.	4410 7	74th	AUE. H	4AHS	.vil	10.0	10785	
		SURIAL, CREMATI	ION, REMOVAL	Feb.	23c. N		EMETERY OR CREMA		23d. LOCATION CITY OR TOWN	V		UNTY	STATE	
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	24. FL	JNERAL DIRECTO	R.Lervii	Clor XI	CLU ADDRESS			Sa. DATE	REC'D. 8Y REGIST	RAR 25b. REG	GISTRAF	R'S SIGNAT	URE	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN 20. DATE 2b. HOUR (TYPE OR PRINT) Huckstep TO THE FUNERAL DIRECTOR.

J. PAGE 5 FOR YOUR FILES.

BE FILED, WITHIN 72 HOURS

55, 301 W. PRESTON STREET, Margorie King DEATH MATED 25,,79 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS. SEX DATE 2d. HOUR 6-1909 LAST BIRTHDAY) PRONOUNCED 7:00 Female Canc. DEAD 251079 69 YRS 76. CITIZEN OF WHAT COUNTRY? 76. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED FOREIGN COUNTRY Prince George's County, Virginia WIDOWED DIVORCED ID. CITY OF TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Apt. 605, 2100 Brooks Drive Suitland 3. RETAIN PASHOULD BE F Retired Insurance USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13e STATE 13b. COUNTY Suitland YES 0 NO L Georges 2100 LAND 2 SH 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST LAST William Jackson Hucksten Moze ? Jarre7 a. FORM 16e WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT SED AS A BURIAL-TRANSIT PERMIT, PAGES I HEALTH AND MENTAL HYGIENE, DIVISION CREMATION, OR REMOVAL. IYES, NO. OR UNKNOWN WITH FO (IF YES GIVE WAR OR DATES) Madison. 223-01-6008 Mrs Henry J. Smith 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cranio-Cerebral Injuries IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION OF HEA 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, FORWARDED TO THE CH TOR: PAGE 3 SHOULD BE U YES X NO T 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL 25 19 79 KAK Subject struck on head CONTRIBUTING CAUSE OF DEATH PRIOR 211. LOCATION Apt. 605, 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) 2100 Brooks Dr., Suitland, Prince George's, Md 212011 home TO MEDICAL EXAMINER: 1
EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST BALTMORE, MARYLAND, 217 X 22a. I certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinian Hamicide X death resulted fram: Natural causes Accident Suicide Undetermined manner TITLE (SPECIFY) 1/25/79 Assistant SIGNATURE EXAMINER'S NAME Virginia L. Dolan, M.D. 111 Penn Street (TYPE OR PRINT) ADDRESS 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE Christian Rochelle Madison. Buria.7 24. FUNERAL DIRECTOR 250, DATE REC'D. BY REGISTRAR 25b, REGISTRAR'S SIGNATURE **DHMH - 17** ADDRESS Erokory Malready (VR A15 ME (5)) Clore Funeral Culpeper. Va. Home. 30M 7/73

MPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical beyon

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR					CERTIF	CATE OF DEA	TH	REG. NO	1 9	- 04	340
	CEASED NAME	FIRST		MIDDLE		U	AST		20. DATE OF DEATH	MONTH (DAY YEAR	26 HOUR
, ,,,,,,	Carana	VISHN	IU	D.	KH	HURAN	A		0	2- 05	- 79	11:26 AM
3 SE	x Male		4 RACE East	Indian	0	June	30, 190	YEAR)	6. AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	IRTHPLACE (STATE O	R FOREIGN		dia		WIDOWE		CED [PRINCE GEO	RCOUNTY		I 1: 26 AM I YEAR IF UNDER ZA HRS DAYS HOURS MIN. ANTY MD. IND OF BUSINESS OR ISTRY STOWN Colleg LAST LAS
	HEVERLY	DEATH		JCH FACILITY, GIV	VE STREET AD	DRESSI	R OTHER INSTITUTION OF THE PROPERTY OF THE PRO	TION	IZE USUAL OCCUPATE (TYPE OF WORK FOR MOST O Ret. Profes	WORKING LIF	E) INDUSTRY	
13a. Me	AL RESIDENCE (IFN STATE Pryland	136 COUN		13c. CITY O			744		130. STREET ADDRESS 6404-63rd	Place		
	ATHER'S NAME	At	middle tar	Chan			15 MOTHER'S MA FIRST Vid		WIDDLE		Vata	ST
(WAS DECEASED EVI YES, NO OR UNKNOWN!		MED FORCES? E WAR OR DATES)		60 2		Vinod K	hurar	addre na-son Se	ss ame as	11	
NO		ny, which mmediate string the use lost	DUE TO, C	OR AS A COM OR AS	NSEQUEN LNF	ICE OF ERIO		MYOC.	SEASE ARDIAL INFI			(0)
CERTIFICATION	190 DATE OF OPER	RATION		,	1		N WAS PERFORME		200 AUTOPSY? YES NO 22	IN CERTIF		S OF DEATH?
MEDICAL CE	21a, ACCIDENT WAS I OR CONTRIBUTING [(IF EITHER, NOTIFY MEI 21d. IN JURY OCCU	CAUSE OF DEA	HOUR A	OF INJURY A.M. MONT P.M.	TH DAY	YEAR	216. HOW INJUR	Y OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18, P	ART I OR PART 2)	
MED	WHILE NOT	WHILE WORK		OF INJURY TREET, FACTORY,	OFFICE, FAI	RM, ETC.)	STREET		CITY OR TOV	M	COUNTY	STATE
1		osed olive on	2	5.	197			r) opinion o	deoth occurred on the de	ote and hou		couses stated
	226. SIGNATURE	Ma	19		Ìij.	ſ	PHY	NDING SICIAN	MEDICAL STAI	IAN 🗌	2,6	5.79
	VIRE?	NAME (TYPE O		SING	H		3780 H	EAT	TS VILLI	HICH 4	1d, 20	782
	BURIAL, CREMATIO (SPECIFY) Cremation	N, REMOVAL	reb.7.	1979			Cremato		23d LOCATION CITY OR TOWN Washin	gton,	D.C.	STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

Cremation

FOR

Feb.7, 1979 J. Wm. Lee's Sons Co., 300-4th St., NE, Wash., D.C.

254. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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	YTHINE CHORGE'S COUNTY	XX.		I	Inite
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO FIRST . DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED BONG CHUL KTM 4. RACE SEX S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 24. DATE LAST BIRTHOAY FUNERAL DIRES FOR YOUR PRONOUNCED Korean 24,1907 Nov. DEAD Female 70 BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! WIDOWED X DIVORCED Korea Korea Prince George's FILED, N II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET AODRESS) Doctors Hospital of Prince Geo.Co. Lanham Housewife. Home USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Prince Geo. 6824 Shepherd Street Landover YES X NO T OF-WITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME PA MIDDLE LAST MIDDLE LAST Unknown Unknown FORM 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16h SOCIAL SECURITY NO. 6901 StanfshesDrive DIVISION (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) No 212-84-1130 Indong Kim-Landover, Maryland CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). APPROXIMATE INTERVAL BURIAL-TRANSIT PERMIT. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF REMOVAL Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I CERTIFICATION USED 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF TO BURIAL, YES NO [3 SHOULD BE DEPARTMENT 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 10 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. PRIOR 71d INJURY OCCURRED TIE PLACE OF INJURY (AT HOME. 21f LOCATION VARDED AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE PAGE STATE TO MEDICAL EXAMINER: 1
EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORV
TO FUNERAL DIRECTOR: PATER DEATH, WITH THE ST
BALTMORE, MARYLAND, 213 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from: Accident Suicide Homicide L Undetermined monner TITLE (SPECIFY) ACTUAL SIGNATURE EXAMINER'S NAME TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION SPECIFY Feb. 24, 1979 Md. Nat'l. Mem'l. Park Burial Laurel Md. - Prince Geo. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Chambers Funeral Home - Riverdale, Maryland 15M 7/77

(14)

CHECK MARKET TOOL TRANSPORT, MERCHAN

Nurses . Tab. 1879 18. date . Desta. Fre Course - Brigarices - 18.s.

DHMH - 16 50M 7/77 (VR A 15 (4))

	STATE OF MARYLAND
FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-04950

PEG NO

Ų		CEASED NAME FIRST OR PRINT) FRANKLIN	PIE	RCE K	IMMEL	AST	20. DATE OF DEATH	MONTH DAY	YEAR 1979	2b HOUR
	3 SEX		4 RACE CAUCAS		S DATE O	F BIRTH	6. AGE (INYEARS LAST BIR	THDAY) IF I	UNDER 1 YEAR	11:08pm IF UNDER 24 HRS HOURS MIN
47	W	ASHINGTON, DC	US	,	WIDOWE		9. BALTIMORE CITY C PRINCE GE	ORGES C		MD.
28	AN	TY OR TOWN OF DEATH DREWS AFB	MALCOLM	GROW USA	FMEI	PROTHER INSTITUTION DICAL CENTER	TYPE OF WORK FOR MOST OF SALESMAN		INDUSTRY	FBUSINESS OR CREAM CO.
35	MA	AL RESIDENCE (IF NURSING HOME OF RYLAND PRI	VIY	GIVE RESIDENCE BEFORE A	1	13d Inside City Limits? Yes 🔼 NO 🗌	130 STREET ADDRESS 4604 BRINI	KLEY RO	AD	
600		HARRY O	_	KIMMEL		15 MOTHER'S MAIDEN NAM FIRST GRACE	NMI		KULLMA	
1		VAS DECEASED EVER IN U.S. AR (15, NO OR UNKNOWN) (1F YES, GIVI	MED FORCES? E WAR OR DATES) NA	57709908		JUNIUS C. ST	reen 4604 bi			MP SPRIN
2	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OF		CE OF		INAL DISEASE OR CON 20e AUTOPSY? YES NOX	20b. IF YES, W	VERE FINDIN	IGS USED
9	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE (M. MONTH DAY	19	211. LOCATION STREET			OUNTY	STATE
		270.1 certify that (I) (this hasp sow the deceased alive on above, (I) (we) (did) (did no 27b. SIGNATURE	16	22 19 6	1	d that in (my) (aur) apinion of	MEDICAL STA	FF	,	
1		22d. PHYSICIAN'S NAME (TYPE O	1	O Pores		22e ADDRESS	DIRECTOR DHYSIC		5053EF	ENTER
		Burial, cremation, removal Burial		1979 G1	enwoo	emetery or crematory d Cemetery	23d LOCATION CITY OF TOWN Washingt	ion U,		D.C.
	24 FL	INERAL DIRECTOR Georg					EIBECIÓ. BY REGINAR	256 REGISTRA	R'S, SIGNATI	UREpulat

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STATE OF MARYLAND ... 79-04952 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) ARCHER 10 70 Frank KODAMA 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS 3 SEX 5. DATE OF BIRTH MONTH DAY YEAR HOURS Male Caucasaan Dec. .1919 CO. BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED TO NEVER MARRIED COUNTRY New York U.S.A. WIDOWED DIVORCED PRINCE GEORGESS IL CITY OF TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR AF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Mgmt, Analyst Control Data Corr CHEVER! Y PRINCE GEORGE GENERAL HOSPITAL BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION 13e. STATE 13b. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 9789 Good Luck Rd Md. Pr. Geo. Seabrook YES X NO [IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST MIDDLE LAST MICDLE LAST pua Frank Kodama Laura Fortv 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO LYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 263 24 5214 WW II Mildred Kodama Same as # ves APPROXIMATE INTERVAL pape 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditians, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) prior 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e. AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES NOT YES P 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 71a. ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH entol MEDICAL LIE EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased olive an abave, (I) (we) (did) (did not) view the body after death. , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 276. SIGNATURE DEGREE 22c DATE SIGNED and m. Holdman ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 27e ADDRESS TO FUNE hould be with the David M. Goldman, MD 6525 Belcrest Rd. Hvettsville. 23d. LOCATION 230 BURIAL CREMATION, REMOVAL 236 NAME OF CEMETERY OR CREMATORY 23b. DATE STATE - . . COUNTY (SPECIFY) CITY OR TOWN Metropolitan Crematroy Alexandria - Va Cremation 24 FUNERAL DIRECTOR Robert G. Beall Funeral Home 250. DATE: REE 'D. BY REGISTRAR 256. REGISTRAR'S SIGN DHMH - 16 50M 7/77 (VR A 15 (4)) 1212 West St. Annapolis, Md. 21401 An Aller Maria

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79-04953 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 20. DATE KNOWN 2b. HOUR LTYPE OR PRINT) **JEROME** KROHNFELDT D. DEATH MATED 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS. DATE PRONOUNCED -33 DEAD 76 CITIZEN OF WHAT COUNTRY? O BIRTHPLACE (STATE OR 9.BALTIMORE CITY OR COUNTY OF DEATH U.S.A. MARRIED NEVER MARRIED Minnesota WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Security TTT907 FOTVISTEW ASSESSI Laurel ellegence Agency JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Lacire Town 13d INSIDECITY LIMITS? Marvland Prince Geo. 131907 Offis Way NO F 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Ann MIDDLE Gustafson Reinhart Krohnfeldt 16b. SOCIAL SECURITY NO 17. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 472 30 8437 M. Mildred Krohnfeldt Same as #13 (Wife) CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY certhoses DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO X YES AGE 3 SHOULD BE ATE DEPARTMENT (210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, FTC.) CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection ond in my apinion deoth resulted from: Natural couses Homicide Undetermined monner TITLE (SPECIFY) TIMORE, MA Deputy TO MEDICAL EXECUTE THE PAGE 4 SHOUNT TO FUNERAL PAFTER DEATH, MEDICAL EXAMINER 12800 Willow Wind Circle, Oxon Hill, Md. 20022 EXAMINER'S NAME Wugusto P. Rodr TYPE OR PRINT 236. NAME OF CEMETERY OR GREMATORY 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION Burial 2/24/79 Minn. Alexandria Cemetery Alexandria Douglas 250. DATE RECONSTRUCTION OF THE PROPERTY SET OF THE PROPERTY O rancis Gasch's Sons Funeral Home, P.A. **DHMH-17** (VR A15 ME (5)) Hvattsville, Maryland 15M 7/77

STATE OF MARYLAND 79-04954 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME FIRST MIDDLE LAST 2n DATE OF DEATH MONTH DAY 26 HOUR (TYPE OR PRINT) 4:24 AM WILLIAM G. LAURICH 4 RACE 3 SEX 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR FUNDER 24 HRS MONTH YEAR DAYS HOURS MALE WHITE APRIT. 3.1919 59 To BIRTHPLACE STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED PRINCE GEORGE'S PENNSYLVANIA WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY PRINCE GEORGE'S GENERAL HOSPITAL CHEVERLY VICE PRINCIPAL BD DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13n STATE 13b COUNTY 13e STREET ADDRESS MARYLAND 5627 ELBERTON PLACE PRINCE GEO HYATTSVILLE 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME EIRST MIDDLE LAST FIRST MIDDLE ANTON LAURICH ELIZABETH KOVACIO ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) W. W. . 193-05-7089 YES AGNES KAURICH - ADDRESS SAME AS #13 ABOVE. APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a SEQUENCE C Conditions, if any, which gove rise to immediate (a), stoting AS A CONSEQUENCE OF underlying couse PART 2LOTHER SIGNIFICANT COND NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOTE 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 71e. PLACE OF INJURY 211 LOCATION -CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK 220.1 certify that (I) (this hospital) attended the deceased from saw the deceased alive on the body after death nd that in (my) (our) opinion death occurred on the date and hour and from the causes stated Dept 226. SIGNATURE DEGREE 22t. DATE SIGNED -ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN [PHISICIAN'S NAME TYPE OF PRINTS 22e ADDRESS the S MPORT erome John House 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) CITY OR TOWN BP BURIAL 24.1979 GATE OF HEAVEN CEM. SILVER SPRING-MONTG.-MARYLAND BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 (VRA 15(4)) CHAMBERS FUNERAL HOME - RIVERDALE, MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

79-04955

20 DATE OF DEATH MONTH

February 19,1979

2:30P.M IF UNDER 1 YEAR HOURS

MONTHS DAYS

BALTIMORE CITY OR COUNTY OF DEATH

Prince George's

12b. KIND OF BUSINESS OR INDUSTRY Home (TYPE OF WORK FOR MOST OF WORKING LIFE)

2005 Woodreeve Road

APPROXIMATE INTERVAL 246

IN CERTIFYING CAUSES OF DEATH? YES T NO [

COUNTY STATE

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c DATE SIGNED

24 FUNERAL DIRECTOR

FOR

REGISTRAR

1 DECEASED NAME

- STATE

F. Gasch's Sons P A Hyattsville, Md.

250 DATE REC'O. BY REGISTRAR 256 REGISTRAR'S SIGNALURE

DHMH - 16 50M 1/76 (VR A 15 (4))

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	11-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGIND 1	000
		CEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN TO MONTH TAY	Zb. HOUR
EASE TOR. UES. OURS	Ĺ	HIE	Marie LINGENFELTER DEATH MATED 12-7	19 79 M
STREET STREET	3. SE	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 21. DATE MONTH DAY MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	YEAR 14 HOUR
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PAGE 5	10. C	TY OR TOWN OF DEATH		CIND OF BUSINESS
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AN H D	14. F.	ATHER'S NAME	MIDDLE LAST IS. MOTHER'S MAIDEN NAME MIDDLE	4467
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REWENTED B	₩ H	196. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	AUTOPSY?
DIVISION OF VITAL RI INER: THIS CERTIFICATE SHOULI CATE, WRITING THE WORD "PE E FORWARDED TO THE CHIEF TOR, PAGE 3 SHOULD BE USED TOR THE STATE DEPARTMENT OF HE ND, 21201 PRIOR TO BURIAL, CR	CERTIFICATION			YES NO
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WAF WAF TAT		AT WORK AT WORK		
FOR STE		220. I certify that I taak charge	rge of the remains described above, held an Autopsy 🔲, Inspection 🗓, Inquiry 🗐, and in my apinion	
≥ = BOIT <	100	death resulted from: Natura	ural causes 🛂, Accident 🗌, Suicide 🔲, Hamicide 🔲, Undetermined manner 🔲,	
XAI EERTE DIRE WIT	100	Win.	THE (SPECIFY) DEPUTY DATE 1	44 50
CAL EXA THE CER SHOULD RAL DIR	1	SIGNATURE / USUO	MEDICAL EXAMINER SIGNED MEDICAL EXAMINER SIGNED	-7 89
ORE SET	1	EVALUEDICAL MAICHICTO	TO P. RODRIGUEZ	
TO MEDICAL EXAL EXECUTE THE CERT PAGE 4 SHOULD TO FUNERAL DIRE BATTER DEATH, WIT BALTMORE, MARYL	1	EXAMINER'S NAMAUGUSTO (TYPE OR PRINT)	TO P. RODRIGUEZ/ OXON HILL ,MD 20022	
PA DA PA	23c.B	URIAL, CREMATION, REMOVAL 23	236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CHY OF TOWN COUNTY	STATE
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DHMH - 17	24. F	UNERAL DIRECTOR	ADDRESS OXOLD 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNA	TURE
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9013 Annapolis Rd. Lanham. Md.

FOR

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		ale Black	2 26	18 61	YRS.			DEAD		19"	P
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10.	CIT	Y OR TOWN OF DEATH	11. NAME OF HOSPITA	AL, NURSING H Y. GIVE STREET ADDR	OME, OR OTH	HER INSTITUTION		OCCUPATION (OF WORKING LIFE)	TYPE OF WORK	0R INDUSTRY	Y
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				Jpper Ma		YES NO	10010	Croom St	cation	Road	
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160		AS DECEASED EVER IN U.S. AR		6b. SOCIAL SEC	JRITY NO.	17. INFORMANT		ADDRE	SS		
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-	_	18 CAUSE OF DEATH (Enter an	ly ane cause per line far	(a), (b), and (c).)					APPROXIMATE I	INTERVAL
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,		EXAMINER'S NAME Man	garita A.	Korell	M.D.	111	Penn S	treet			
-	_	(THE ORTRIVE)				ADDRESSOR CREMATORY					
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2.	C	remation	3-15-79	West	view Me	em. Park	Balt.	imore	EGISTRAR'S	SIGNATURE	d.
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

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ı	1 -	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	19	- 04	964
1	I. DEC	EASED NAME FIRST	MIDDLE	U	AST	20. DATE OF DEATH		Y YEAR	26 HOUR
ı	(TYPE)	ORPRINT) SCHOOL CO	ase ANN	18 M	PASTIN		32-18	8-79	11 FANN
ı	3. SEX		4. RACE	5. DATE O		6 AGE (IN YEARS LAST BIRTH	()	FUNDER 1 YEAR	IF UNDER 24 HRS
		Female	Caucasian	MONTH	29 1888	9/	YRS.	ONTHS DAYS	HOURS MIN
		THPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	NTRY? 8	NEVER MARRIED	9. BALTIMORE CITY OF	COUNTY	OF DEATH	
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	IO CIT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		R OTHER INSTITUTION	12a. USUAL OCCUPATION TO THE STATE OF WORK FOR MOST OF			OF BUSINESS OR
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2		Mid. PRINCE	George Blades	NSbung	YES NO	4205-55H	7 44	C-	
	14. FA	THER'S NAME	MIDOLE LAS	it,	15. MOTHER'S MAIDEN NA/	WIOOFE	/	C LAS	SINE
G	16n 30/	AS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIAL	SECURITY NO.	Mary	WhiteHADDRES	S -		SVIVO
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	4.5	IMMEDIAT	TE CAUSE (o)	ico free of	· · · · · · · · · · · · · · · · · · ·	(4 1: e 5)		-	
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		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONS	SEQUENCE OF				110.11	
			(c)						
	Z	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONL	IIION GIVE	N IN PART I	0)
	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR W	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDI	
1	E					YES NO NO	YES	-	OF DEATH?
	GE	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PAI	RT I OR PART 2)	
7		OR CONTRIBUTING CAUSE OF DEA		H DAY YEAR					
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		21f. LOCATION STREET	CITY OR TOW		COUNTY	STATE
	Ž	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	SIREET	CITORTOW		COUNT	STATE
		22a.1 certify that (I) (this-hospi	ital) ottended the deceased (from	9 19 74	_, to_ 02-13	. 1	9 79.	that (1) (we) lost
		sow the deceased alive on above. (1) (we) (did) (did no	at) view the body ofter death.	_19 <u>79</u> , or	nd that in (my) (our), opinion	deoth occurred on the do	te and hour	ond from the	couses stoted
		226. SIGNATURE			DEGREE	/		22c. DATE	SIGNED
		I Joseph	h Cehr	CM) 5	ATTENDING PHYSICIAN	MEDICAL STAF		2-	18-79
		224. PHYSICIAN'S NAME (TYPE O	R PRINT)		22e ADDRESS				
	23a. B	URIAL, CREMATION, REMOVAL	236. DATE		EMETERY OR CREMATORY	23d. LOCATION		OUNTY	STATE
	(3	Burial	2/22/1979	3.0	vet Cemetery	Wash., I	13		
	24 FU	INERAL DIRECTOR NALL	ADDRI	Mt.Ra	inier, Md. 25 popt	FRECID BY REGISTRAR	156 REGISTR	AR'S SIGNAT	TURE
		In	C •	Y CALL				/	-/

DHMH - 16 25M (VR A 15 (4)) 9/74

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TO FUNERAL DIRECTOR: After should be detoched with the Stote Dept.

IMPORTANT: If Hem 21 is marked or Hem 18 shows

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a. DATE KNOWN TYPE OR PRINT OF ESTI-DEATH MATED 5. DATE OF BIRTH 6. AGE IN YEARS IF UNDER 24 HRS DATE PRONOUNCED DEAD FOR YO 76. CITIZEN OF WHAT COUNTRY? 7g. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY PRINCE GEORGES Maryland WIDOWED DIVORCED 3. RETAIN PAGE SHOULD BE FILED, W D. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION TYPE OF WORK 12b. KIND OF BUSINESS Adelphi 82-Adelphi Retired-Tour Guide Gray Lines C USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 136. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13c. CITY OR TOWN Prince George 9282-Adelphi Road Maryland Adelphi NO [WITH FORM PM 3.
II. PAGES 1 AND 2 SH.
DIVISION OF VITAL R 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST William Powel1 Higgs McClelland Anna Sara 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMAN IAN SOCIAL SECURITY NO ADDRESS I (IF YES, GIVE WAR OR DATES Billie D. McClelland-Wife Yes-U.S.A. WWI Same as 579-07-2135 18 CAUSE OF DEATH (Enter only one cause partine for (o), (b), and (c). APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH enoselustre Cardis dos cular disease PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) USED 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [] NO [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 CONTRIBUTING CAUSE OF DEATH P.M. 21e. PLACE OF INJURY LATHOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY STATE TO MEDICAL EXAMINER:
EXECUTE THE CERTIFICATE,
TAGE 4 SHOULD BE FORV
TO FUNERAL DIRECTOR: P.
BALTIMONE 22a. I certify that I took charge of the remains described above, held an Autopsy Natural causes Homicide Undetermined monner TITLE (SPECIFY) DEPUTY MEDICAL EXAMINER EXAMINER'S NAME WIGUSTO P. RODRIGUEZ 12800WILLOW WIND CIRCLE, TANTALLON, MD 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY 20022 STATE 23d. LOCATION Cremation Feb. 17.19 Lee's Crematory Washington, D.C. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** J.WM. Lee's Sons Co. 300-4thSt., NE, Wash., D.C. (VR A15 ME (5)) Tristony McCready 15M 7/77

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J. W. Let's Sone Co. 200-1555. (E. 7 al..D.C.

Inc.

STATE OF MARYLAND

FOR

(VR A 15 (4))

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STATE OF MARYLAND 79-04970 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) ELIZABETH 3 SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR F UNDER 24 HRS MONTH YEAR white remale 1895 Mar. To BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington, D.C. WIDOWED DIVORCED T Pr. Geo. 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Carroll Manor Nursing Home Hyattsville clork USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION)
130 STATE 136 COUNTY 130 CITY OR TOWN 13c CITY OR TOWN 13e STREET ADDRESS 113d. INSIDE CITY LIMITS? Maruland Montaomeru Wheaton 3603 May Street 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE Katherine James Ward Groofu DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCEST 166 SOCIAL SECURITY NO 17 INFORMANT son (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 577-60-3507 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? NOF YES [NO 18 sho Mental Hygi 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Item MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21f. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE [AT WORK AT WORK 220 | certify that (I) (the total ottended the deceased from sow the deceased alive on 760 . and that in (my) (aux) opinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did (did nat) view the body after death. 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING STAFF ild be deta the State I PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Shoul with 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Md Burial 24 FUNERAL DIRECTOFFRANCIS J. Collins DDRESS Gate of Heaven Silver Spring Mont 750 DATE REC'D. BY REGISTRAR DHMH - 16 50M 1/76 (VR A 15 (4)) 500 University Blvd. W. Silver Spring.

Management 2, C. USA STEEL AND Part Oct. Margaret Pontgomeny Nacaban Steel Sines there there exists Careen Turing Feb. 2.1979 Patro of Magner Signer Seefing Mant. Tw.

SOO Definerated Read, Mr. Silven Caring Mr. 1862 C.

12	1		STATE OF MARYLAND	
2	1		FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE	7 1
		1	149/1	
			REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 9 - CEASED NAME FIRST MIDDLE LAST REG. NO. 9 - CEASED NAME FIRST MIDDLE LAST REG. NO. 10 - CEASED NAME FIRST REG. NO. 10 - CEASED NAME FIRST MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 10 - CEASED NAME FIRST MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 10 - CEASED NAME FIRST MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 10 - CEASED NAME FIRST MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 10 - CEASED NAME FIRST MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 10 - CEASED NAME FIRST MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 10 - CEASED NAME FIRST MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 10 - CEASED NAME FIRST MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 10 - CEASED NAME FIRST MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 10 - CEASED NAME FIRST MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 10 - CEASED NAME FIRST REG. NO	DAY YEAR 2b. HOUR
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	E C E E	2 000	Clive tyn H. Me Langh /11) DEATH MATED & 2-3	4 19/7 M
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2	AARK VOUR ON 72	1	mule white 2-28-45 23 yrs MONTHS DAYS HOURS MIN. PRONOUNCED 2-14	1 1979 4PM
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	S NECESSARY, PLEASE FUNERAL DIRECTOR S FOR YOUR FILES. D, WITHIN 72 HOURS W PRESTON STREET,	10. C	011311-2:-	AD. KIND OF BUSINESS
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-	AN DORD	13015	AL RESIDENCE (IF A NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TATE 134 COUNTY 136. CITY OR TOWN 136. INSIDE (ITY LIMITS? 138. STREET ADDRESS.	1
21201	2, AND 3 TO THE FI 3. RETAIN, PAGE 5 SHOULD BE FILED. I. RECORDS, 301 W.	18	any land time xous was tills YES NO 12 305 Jouther	IN ATURNUL
		14. F/	ATHER'S NAME	
WD	S 1, 2, PM 3. VD 2 S		FIRST MIDDLE LASY FIRST MIDDLE	LAST
M.	0 5 × 40 -		JAMES M MILLS LENA MC	GIFE
¥ O	PAGE FORM FORM ON O	100. V	VAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 15. NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	
BALTIMORE,	B. GIVE PA WITH FOR VITH FOR F. PAGES 1 DIVISION 0		NO - 577624857 Thomas Mchawattin HUSBA	and same 13
8	W. W. W.		18. CAUSE OF DEATH (Enter only one cause per line of (a), (b), and (c),)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST	HIN 24 HOU IN ITEM 18. R ALONG V SIT PERMIT. HYGIENE, D		PARTI DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
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EST	NA TY		Conditions, if any, which	
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Ö	THE V THE V DULD STAMEN		216. EXTERNAL CAUSE WAS 216. TIME OF INJURY 1216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART 1 OR P	2)
O N	ART OF ART	S	CONTRIBUTING ☐ CAUSE OF DEATH P.M. 19	
N S	ING ING ED 3 SH 3 SH SIOR	MEDICAL	216 INJURY OCCURRED 216 PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) 216 STREET CITY OR TOWN COUN	
۵	ARDI ARDI TE DI PE	5	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WORK	TY STATE
	FR: THIS CERTIFICATE SHOINE WRITING THE WORD YORWARDED TO THE CHIE OF THE STATE DEPARTMENT OF THE STAT	-		
	EXAMINER: CERTIFICATE, ULD BE FOR' DIRECTOR: F , WITH THE S NARYLAND, 21		22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apin	ian
	MIN SE		death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner ,	
	WIT WITH		ITILE (SPECIFY)	1
	A H O D D D D D D D D D D D D D D D D D D		SIGNATURE // LIGHTS TO SIGNED MEDICAL EXAMINER SIGNED.	1/75/79
	SH S			/ / /
	WE DE LA		EXAMINER'S NAME Augusto P. Rodriguez 12800 Willow Wind Circle, Oxon	
	TO MEDICAL EXAMINER EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FO TO FUNERAL DIRECTOR AFTER DEATH, WITH THE BALTMORE, MARYLAND,	23a B		20022
0/		(5	COUNTY COUNTY	
	BP	24.5		s. Md
	DHMH - 17	17.1	INERAL DIRECTOR 11 ADDRESS DE VOI FUNERALISTO DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIG	NATURE
	(VR A15 ME (5)) 15M 7/77	16	TOF Well WASH. D.C MAR ? 1979 history	McCreaty

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbompapers. Pages 1 and 2 should be filled within 72 hours aftwith the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.

DHMH - 16 50M 7/77 (VR A 15 (4)) FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-04972

				CERTIF	ICATE OF DEATH	REG. N	10	•		
I DECEASED NAME	FIRST		MIDDLE	L	AST	20. DATE OF DEATH		DAY	YEAR	26. HOUR
(TYPE OR PRINT)	ELIZAE	BETH	M	MC N	ANUS		02	13	79	12:30P
3. SEX	EMILLO	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BE	RTHDAY)		DER 1 YEAR	IE UNDER 24 HR
Fema	le	Caucasi	.an	3	26 1971	67	YRS	HIMOMI	S DAYS	HOURS MIN
To. BIRTHPLACE (STATE	E OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CITY			EATH	
Penn	a.	U.S.A.		WIDOWE		PRINCE GE	ORGES	3		
10 CITY OR TOWN O	F DEATH		HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12a. USUAL OCCUPAT			L KIND O	F BUSINESS
CHEVE	RLY	PRINCE	GEORGES C	GENERA	AL HOSPITAL	Housewi		S LIFE J I IIN	DOSIKI	-
USUAL RESIDENCE (F NURSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	1			-127011
Md.		Geo.	Cottage		YES X NO	4142-Bunke		1 Ro	1.	25
14 FATHER'S NAME	13 753	MIDDLE	LAST		15 MOTHER'S MAIDEN NA				LAS	T
Benja	min		Drass		Mary			Sc	hill	
160 WAS DECEASED		MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDR				
No		_	213-80-7	7543	James E. McN		ve ad	ldres	S	
			lige for (a), (b), and	d (c)	(husband)	Con-			BETWEEN	MATE INTERVAL
PART I. DE A	TH WAS CAUSE	D BY: TE CAUSE (a)	HCUTE	0	ULMONARY	DEDEC	nA		28	prs.
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underlying	cause last	(c)	HYF	ER	TENSION				- /	7
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					NOT RELATED TO THE TERM	NINAL DISEASE OR CON	20b. IF 1	YES, WEI	RE FINDIN	IGS USED
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WHILE ATWORK 220.1 Certify the sow the diabave, (1) (27b. SIGNATUR	AS UNDERLYING G CAUSE OF DEA MEDICAL EXAMINER) CURRED NOT WHILE AT WORK at (1) (this haspi excessed alive an we) (did) (did no	21b. TIME O HOUR A. P. 21e. PLACE (AT HOME, STI	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA	OPERATIO	21c. HOW INJURY OCCUR 21l. LOCATION STREET 21 19 79 1d that in (my) (aur) apinion DEGREE ATTENDING	20g AUTOPSY? YES NO CITY OR TO	20b. IF 1 IN CER 1 IN CER 1	YES, WEITHEYING YES CO	RE FINDING CAUSES OF PART 2) DUNTY from the	NGS USED OF DEATH? NO STATE that (I) (we) causes stoted
21d. ACCIDENT WORK OR CONTRIBUTION (IF EITHER, NOTHER AT WORK 27d. I certify the saw the dispare, (I) (1) 22b. SIGNATUR	AS UNDERLYING	21b. TIME O HOUR A. P. 21e. PLACE (AT HOME, STR 101) attended th	ITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY RRET, FACTORY, OFFICE, FA deceased from 19 7	OPERATIO	21c. HOW INJURY OCCUR 21l. LOCATION STREET 21 19 79 1d that in (my) (aur) apinion DEGREE ATTENDING	200 AUTOPSY? YES NO CITY OR TO CITY OR TO death occurred an the of	20b. IF 1 IN CER 1 IN CER 1	YES, WEITHY ING YES 18, PART 1 C	RE FINDING CAUSES OF PART 2) DUNTY from the	NGS USED OF DEATH? NO STATE that (I) (we) causes stoted
21d. ACCIDENT WORK CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR ATWORK 220.1 certify the saw the dispare, (I) (1) 22b. SIGNATUR	AS UNDERLYING G CAUSE OF DEA MEDICAL EXAMINER) CURRED NOT WHILE AT WORK at (1) (this haspi excessed alive an we) (did) (did no	21b. TIME O HOUR A. P. 21e. PLACE (AT HOME, STR 101) attended th	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA	OPERATIO	211. LOCATION STREET 214 that in (my) (aur) apinion DEGREE 7. ATTENDING PHYSICIAN [200 AUTOPSY? YES NO CITY OR TO CITY OR TO death occurred an the of	20b. IF 1 IN CER 1 IN CER 1	YES, WEITHY ING YES 18, PART 1 C	PRE FINDING CAUSES OR PART 2) DUNTY from the 22.	NGS USED OF DEATH? NO STATE that (I) (we) causes stated
190 DATE OF O 210. ACCIDENT W OR CONTRIBUTION	AS UNDERLYING COME CAUSE OF DEA MEDICAL EXAMINER) CURRED NOT WHILE AT WORK at (1) (this hosping ceeosed alive on the come) (did) (did no the come) (did) (did) (did) (did no the come) (did) (di	21b. TIME O HOUR A. P. 21e. PLACE (AT HOME, STA	ITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FACTORY, OFF	OPERATIO	211. LOCATION STREET 214 that in (my) (aur) apinion DEGREE 7. ATTENDING PHYSICIAN [200 AUTOPSY? YES NO NO NEED (ENTER NATURE OF INVITATION TO NEED A COUNTY OR TO NEED A COUNTY OF THE PROPERTY	20b. IF 1 IN CER 1 IN CER 1	YES, WEITHEYING YES B, PART 1 C	DUNTY from the 22. DATE	STATE- that (I) (we) causes stated
21d. ACCIDENT WOR CONTRIBUTION OR CONTRIBUTION (IF ETHER NOTIFY 21d. INJURY OC WHILE AT WORK 22d. I certify the sow the disboye. (1) (1) 22b. SIGNATUR 22d. PHYSICIAN V) R 2	AS UNDERLYING COME CAUSE OF DEA MEDICAL EXAMINER) CURRED NOT WHILE AT WORK at (1) (this hosping ceeosed alive on the come) (did) (did no the come) (did) (did) (did) (did no the come) (did) (di	21b. TIME O HOUR A. P. 21e. PLACE (AT HOME, STE	ITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REEL FACTORY, OFFICE, FA after death. SING A 23 C N	OPERATIO AY YEAR 19 ARM, ETC.)	211. LOCATION STREET 214 that in (my) (aur) apinion DEGREE 7, ATTENDING PHYSICIAN (1226 ADDRESS 3.768)	200 AUTOPSY? YES NO	206. IF Y IN CER	YES, WEITIFYING YES CCC 19 19 21	DUNTY from the 22. DATE	NGS USED OF DEATH! NO STAT!

Inc.

completely filled in by the funeral director, page 3 1 and 2 should be filed within 72 hours ofter death

must be notified at once.

injury, or other troumatic event, th iene prior to burial, crematian, ar remaval

m 18 shows ony

should be detached for use as the with the State Dept. of Health and IMPORTANT: If Item 21 is marked TO FUNERAL DIRECTOR:

STATE OF MARYLAND DED ADTMENT OF HEALTH AND MENTAL HYGIENE

01072

1	1 - STATE REGISTRAR	DEFARTI	CERTIFICATE OF DEATH	REG. NO.	- 0 4 3 1 3
	DECEASED NAME FIRST (TYPE OR PRINT) Jeanne	ette H.	Meade	20. DATE OF DEATH MONTH	DAY YEAR 76. HOUR
3	Female	4 RACE Black	June 12 1889	6. AGE (IN YEARS LAST BIRTHDAY) 90 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
7	o BIRTHPLACE (STATE ORFOREIGN COUNTRY) Virginia	76 CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNT Prince Georges	County MD.
)	Silver Spring	11. NAME OF HOSPITAL, NURSIN (# NOT IN SUCH FACILITY, GIVE STREET NOT		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L Retired	126. KIND OF BUSINESS OR
5	Md. Pr.	PROTHER INSTITUTION, GIVE RESIDENCE BEFOR 13c. CITY OR TOW Geo. Co Silver S	Spring YES X NO [130 STREET ADDRESS 13022 Tamarack	Road
	4. FATHER'S NAME FIRST Isaac Hailey	MIDDLE LAST	15. MOTHER'S MAIDEN NA FRST Laura	MIDDLE Unknown ADDRESS	LAST
-		None 166 SOCIAL SECU 230–26–3		eth Proctor Same	as 13e
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	of Storach W.	ENCE OF DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED	20a. AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED IFYING CAUSES OF DEATH?
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF ETIHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	HOUR A.M. MONTH D		YES YERRED (ENTER NATURE OF INJURY IN ITEM 18,	PART I OR PART 2)
	AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE , 1925, that (I) (we) last
	sow the deceased alive or obove, (I)-(we) (did) (did no 22) 5100 ATURE	of) view the body after death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
	22d PHYSICIAN'S NAME (PPE	RPRINT)	22° ADDRESS S	Sing St.	4.
1	230. BURIAL, CREMATION, REMOVA (SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY Roselawn Cemetery	234 LOCATION CIP OF TOWN Richmond,	COUNTY Virginia

DHMH - 16 25M

ATTENDING PHYSICIAN: The

(VR A 15 (4)) 9/74

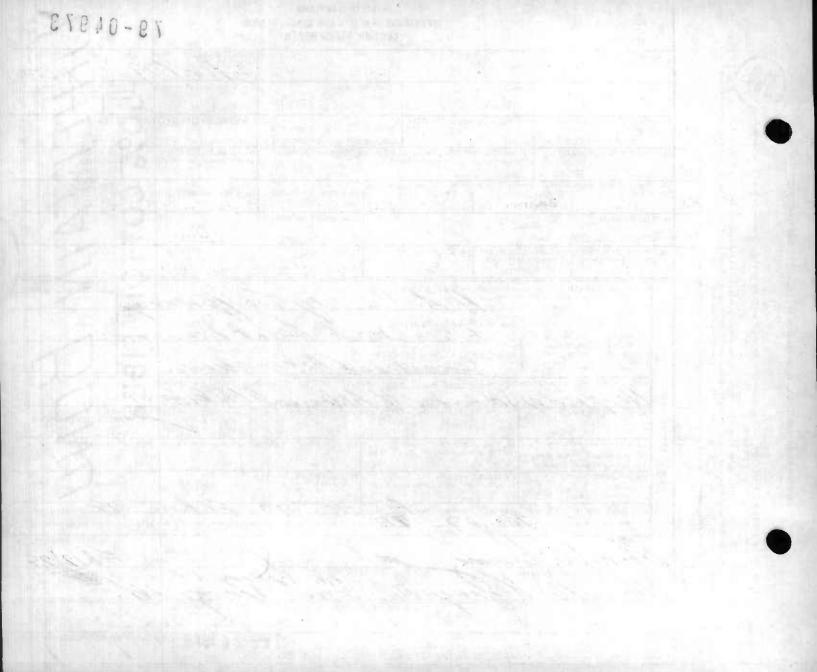
24 FUNERAL DIRECTOR
John T. Rhi Rhines Co. Funeral Home 3015

Roselawn Cemetery

Richmond,

Virginia

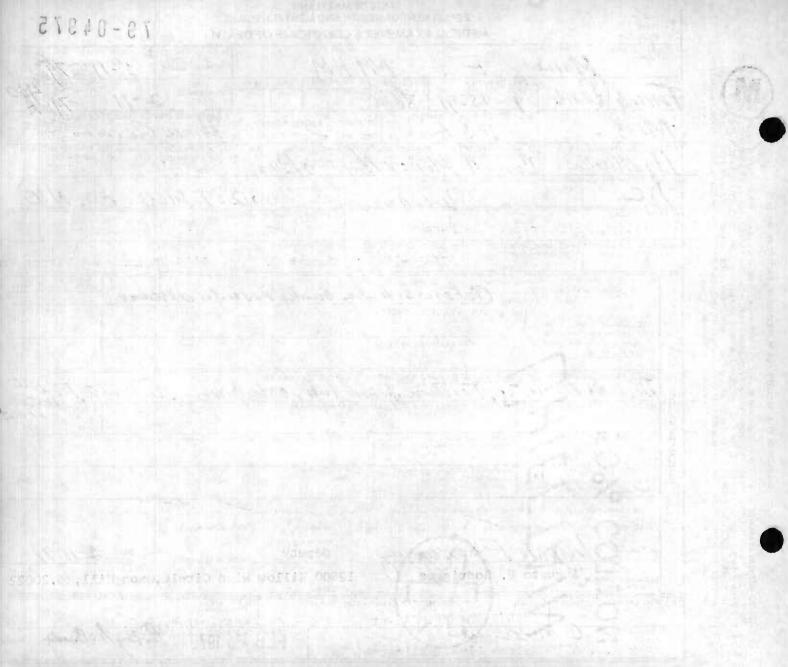
250 DATE RECO. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 12th St NE D. C.



79-04974 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-**JAMES** CARROLL 79 MIDDLETON 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS DATE 18 . L PRONOUNCED Ma le Black. DEAD 7a, BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia USA Prince George's County WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Prince George's Co. Hospital Auto Mechanic Cheverlym 13a. STATE 136 COUNTY 13d. INSIDE CITY LIMITS? Prince Riverdale Md. Geos. YES 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST AND Eva Virginia Unknown 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (same as decedent) James-Oscar CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL **SETWEEN ONSET AND DEATH** PART I DEATH WAS CAUSED BY Hanging IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? BURIAL, YES X 216. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 OR hanged self MEDICAL :50_{P.M.} 3/1/79 CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY LATHOME. 211. LOCATION AT WORK AT NOT WHILE auto shop 5904 63rd Riverdale Prince George, Mary Tand X 22a. I certify that I took charge of the remains described above, held an Autopsy and in my apinion Hamicide death resulted from: Notural causes Accident Undetermined monner 3/5/79 FUNERAL C DATE MEDICAL EXAMINER IMORE, Margarita A. Korell, M.D. EXAMINER'S NAME 111 Penn Street (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Burial Harmony Cemetery Aplandover, M STATE 24. FUNERAL DIRECTOR **DHMH - 17** G. Mason, Inc., Washington, D.C. (VR A15 ME (5)) 30M 7/73

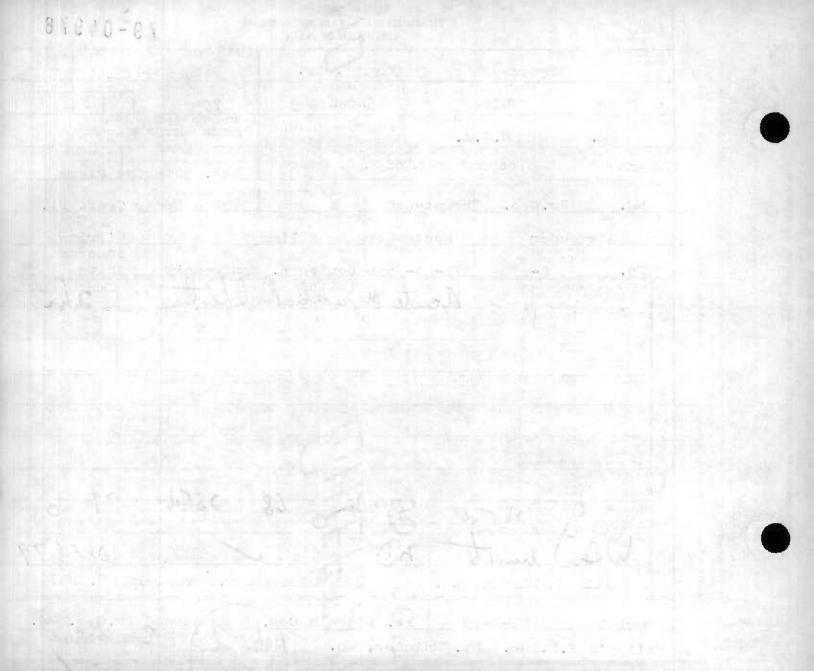
13-01314 CASH THE SECOND NOTES EMPOS CENT. His accident and a contract ento mine en estado en en estado monte, esta White the state of

	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE
1-	STATE 20 01.0/5
1.01	REO. IVO.
	20. DATE KNOWN DAY YEAR IN HOLL
	Marie E. MIHM DEATH MATED 12-11 1979
3. SE	THE THE PARTY OF T
1/1	mirale While 1-15-91 88 YRS. MONTHS DAYS HOURS MIN PRONOUNCED 2-11 1974 12
70. B	IRTHPLACE (STATE OR 7). CITIZEN OF WHAT COUNTRY?
17	MARRIED NEVERMARRIED DIVORCED
10. C	
2 1	FOR MOST OF WORKING LIFE) OR INDUSTRY
HISH	TY all SVIII Callo Jelling Tylus Sing Housewife Home WRESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
13a. S	ATE 136. COUNTY 136. COUNTY 136. CITY OR TOWN 136. STREET ADDRESS.
1./	Weshing Lay YES \ NO 1 1655. Au. NU
14. F	ATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST
1	William n/a Murphy Margaret E. Delaney
16a. \	VAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
1 0	No (IF YES, GIVE WAR OR DATES) 578-10-1445 D Joseph C. Mihm 2449 Shenandoah, Vienna,
	The state of the s
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART HDEATH WAS CAUSED BY: APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 6	IMMEDIATE CAUSE (a) WITCH OSCHOOLE, CENTRE PESCULAR ALSCALE
	DUE TO, OR AS A CONSEQUENCE OF
	Conditions, if ony, which gove rise to immediate (b)
	cause (o) stating the under- DUE TO, OR AS A CONSEQUENCE OF
	lying couse lost.
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).
Z	His betis me Hotas, Fracture pight hip, Osterprioses, Cuthrilis Fx 11th
CERTIFICATION	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?
FIG	10-AUTOPST? VANA
- E	YES NO 210. EXTERNAL CAUSE WAS 210. TIME OF INJURY 214 HOW INJURY OCCURRED, SENTERNALISE OF INJURY IN SEA 18 PART 1 OR PART 2
	216. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR HOUR A.M. MONTH DAY YEAR
CA	CONTRIBUTING ☐ CAUSE OF DEATH P.M. 19
MEDICAL	21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME, 211. LOCATION WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
2	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
	22a. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opinion
	deoth resulted from: Noturol couses, Accident, Suicide, Homicide, Undetermined monner,
1	ACTUAL TITLE (SPECIFY)
1	SIGNATURE / JUSTIN FORMER SIGNED 2-11-79
1	
	EXAMINER'S NAME Augusto P. Rodriguez 12800 Willow Wind Circle, Oxon Hill, Md. 20022
23 q. B	JRIAL CREMATION REMOVAL 236 DATE 237 NAME OF CEMETERS OF CREMATORY 236 TOCATION
{:	PECITY ORTOWN COUNTY STATE,
24. F	INERAL DIRECTOR C. M. GRUNDE Washington D. C. 250. DATERS COLOR 25
	rphy F.H. 4510 Wilson Blvd. Arlington, Va.
H 1411	IPHY F.N. 4010 WIISON BIVO. Arington. Va.



STATE OF MARYLAND 79-04977 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR I. DECEASED NAME 2a. DATE KNOWN IS 2b. HOUR Elizabeth M-MONAHAK (TYPE OR PRINT) OF EST1-DEATH MATED AGE (IN YEARS | IF UNDER 1 YR DATE PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New York WIDOWED -126 KIND OF BUSINESS D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION CUPATION (TYPE OF WORK OR INDUSTRY Prince Georges General Hospital Housewife Own Home Cheverly COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 136 STREET ADDRESS 445 Waggaman Circle. 21403 Ann Arundel Annapolis Maryland YES X NO [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Marie MIDDLE Philip Gebhard Marhoefer 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS LIF YES, GIVE WAR OR DATES 577-86-0420 Mrs. Albert L. Schiavone-Same as items 13 No APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY USED AS A BURIAL-TRANSIT PERMIT
OF HEALTH AND MENTAL HYGIENE, 111/41/125 IMMEDIATE CAUSE (o CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? OF YES T BE DEPARTMENT CONTRIBUTING CAUSE OF DEATH 21E LOCATION NOT WHILE AT WORK AT WORK PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: P.
AFTER DEATH, WITH THE ST
BAITIMORE, MARMAND, 247 22a. I certify that I took charge of the remains described above, held an Accident & Hamicide death resulted from: Natural causes Undetermined manner MEDICAL EXAMINER 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial Albany Rural Colonie, DHMH-17 20M 1/73 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE (VR A15 ME (5)) W. W. Chambers Co., Riverdale, Maryland

79-04977 The state of the s AND STREET STREET STREET STREET



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 5 DATE OF BIRTH 6 AGE UNIVEARS LAST BIRTHI YEAR DAYS 10 BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED [Baltimore, Md. U.S.A. Prince George's Co. DIVORCED WIDOWED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION 12b. KIND OF BUSINESS OR Southern Md. Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE)
Housewife INDUSTRY Clinton. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Prince Geg. Brandywine 7604 Moores Rd. Brandywine. Md. Md. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE Harry Whitening Ethel Sewell DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 66 SOCIAL SECURITY NO 7604 Moores Rd. (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) No Sidney A Moore, Sr. (Husband) Branduwine . Md 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost. TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES NO F 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE AT WORK 22a I certify that (1) (this haspital) attended the deceased from and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove (I) (we) (did) (did not) view the body after death DEGREE 22c. DATE SIGNED + ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e. ADDRESS shauld be 0 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) STATE Asbury United Meth Ch. Burial Prince George's Co. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 ADDRESS 4339 Hunt Pl., (VR A 15 (4)) Rollins Funeral Home, Inc. Washington, D.C.

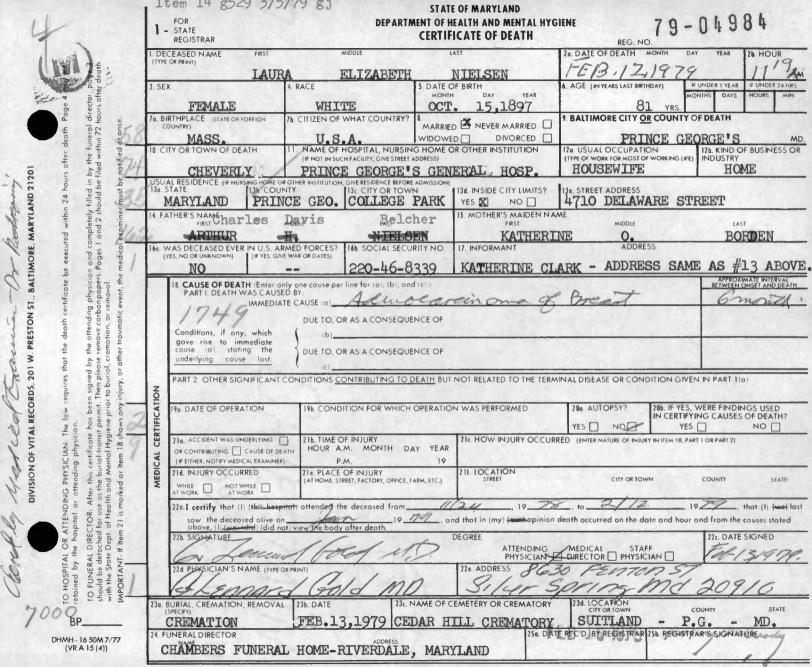
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-04980 CERTIFICATE OF DEATH 2b. HOUR Last Middle 2a. DATE OF DEATH DECEASED-NAME First 1979 Month (Type or print) 2:30 M Wilson E. Moran February 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 3. SEX lost birthday) MONTHS HOURS Male White Oct. 12. 1922 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH To. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED Prince George's WIDOWED [7] DIVORCED T Maryland U. S. A. 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) Prince Geo's General Hospital 12a. USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired,
Assist Power Plant

130 Model Min 130 SERET AND NUMBER INDUSTRY U.S. Cheverly should BALTIMORE, MARYLAND 2120 Governmnt 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13b. COUNTY Pr. Geo!s NO X 6409 Dower House Read Upper Maryland MELTIDORE MAIDEN NAME First 14 FATHER'S NAME Middle Middle Moran Norfolk Joseph Henry Mabal 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 6409 Dower Ad House Road Yes, no, or unknown) (If yes give wor or dates of service) Upper Marlboro, Md. 20870 Ethel Moran-18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause please volume Ner logel But þ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISTASE OR CONDITION GIVEN IN PART 1601 Chroniu Kenal permit. 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d AUTOPSY? CAUSES OF DEATH? NO [YES 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY DR CONTRIBUTING [CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notity medical exominer) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town State County While Not while at work 22a. I certify that (1) (this haspital) attended the deceased fram_ saw/the deceased alive an_ 1.31 _1979, and that in (my) (aur) apinian death accurred an the date and havr and fram the causes stated above, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE DIRECTOR ATTENDING DEGREE DIRECTOR PHYS. Auth Place 11700 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Rishbal Singh, M.D. Springs. Maryland Camp Heal 23d. LOCATION (City or Tawn) 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23a. BURIAL, CREMATION, 23b. DATE Buriat (Specify) Ft. Lincoln Cemetery Bladensburg (Pr.Geo's)Md. 25g REC'D BY REGISTRAR DATE EB 6 19 Coleman-Upper Marlboro, Maryland 20870: 25b. REGISTRAR'S SIGNATURE DHMH - 163/7225M 1979 Home Funeral (VR A15 (4))

100 m 100 m 100 1179 2:30 ot. 12, 1922 I tale to a late to . dimineroo dunt lang, dajan koo na inter corona -- Laval mora gard aneno. ro recorde de la confection de d Thomas Lands, M. 2017 : 1/I'S . Day (#1020.11) Street Lacoll . J. 17 Ed

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	R. M. Carrier		FOR W/	Enatomy I	Bd. 3/22/9	EPARTMENT OF	HEALTH A	AND MENTAL H	IYGIENE	70 0	1.002
			REGISTRAR I	items #18	a-22a MED	ICAL EXAMIN	ER/S,CE	RTIFICATE C	F DEATH	7.9-0	4303
a , '5			CEASED NAME	FIRST	A de destre	MIDDLE	U	ST	20. DATE KNO	HTHOM NWC	
	# % S. S. F.	(TYP	E OR PRINT)	Vi	ncent		Nic	hols	OF ES	TED 2	25 19 79
A		3. SEX		4. RACE	5 DATE OF BIRTH	6. AGE (IN YEA		ER 1 YR. IF UNDER		MONTH	111
X	DIRECOUR 72 H	m	ale	black	Jan. 20,	YEAR LAST BIRTHDA	7	DAYS HOURS	MIN PRONOUNCEI	2	25 19 79 A. M
and in	CESSARY. NERAL DIF	7a. BI	RTHPLACE (ST	ATE OR	76. CITIZEN OF WH				9. BALTIMOR	CITY OR COUN	
			REIGN COUNTRY)	on, D.C.	U.S.A.		WIDOWE	NEVER MARR		nce Geor	ge County MD.
	TAY IS NE PUT THE FULED, AGE 5 301 W.	10. CI	TY OR TOWN	OF DEATH	11. NAME OF HOSE	PITAL, NURSING HOME			120. USUAL OCCUPATI	ON TYPE OF WORK	126 KIND OF BUSINESS
	DELAY IS 3 TO THE N PAGE 105, 301	15	Chever	cly	Prince G	eorge's Hoc	pital		FOR MOST OF WORKING	LIFE)	OR INDUSTRY
			L RESIDENCE	(IF IN NURSING MOME O	OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISSIO	ON)	63.00			
21201	L TY COULD	13a. S	D.C	N36 COUN	ITY	Washingto		YES NO C	13e. STREET ADDRESS	St., N.	W.
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IIWO	SES ON S		S, NO, OR UNKNO		WAR OR DATES)						
BALTIMORE,	URS AFTE B. GIVE P WITH FO PAGES DIVISION	-	10 CAUSE O	E DEATH /E-A	ly ane cause per line	(-				APPROXIMATE INTERVAL
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DIVISION OF VITAL RECORDS,	ULID BE EXECUTED WITH "PENDING" IN PENCIL. FER MEDINGLA EXAMINE SED AS A BURIL-TRAN HEALTH AND MENTAL CREMATION, OR REMOVI	Z	THAT Z OTHER ST	Jan Carri Conditions	CONTRIBUTING TO DEATH D	OT NOT RECATED TO THE TERM	INAL DISCASE C	A CONDITION GIVEN IN FA	KI 1 (0).		
ECC	LD B	CERTIFICATION	19a, DATE OF	OPERATION	TI96 CONDIT	ION FOR WHICH OPER	ATION WA	S PERFORMED?			20 AUTOPSY?
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O	C DULL THE	AL C	UNDERLYING			MONTH DAY YEAR	10-12				
S	ERTIFIC THE	MEDICAL	21d. INJURY C	NG CAUSE OF		FINJURY (AT HOME,	211. LOC	ATION			
N	RITIN RRITIN REDECT SE 3 FE DE	ME		NOT WHILE	STREET, FACTO	ORY, FARM, ETC.)	STE	EET	CITY OR TOWN	C	OUNTY STATE
	ZA A A A		AT WORK	AT WORK						7	
	EXAMINER: 1 CERTIFICATE, OLID BE FORV DIRECTOR: P WITH THE ST AARYLAND, 21		22a I certif	fy that I taak chare	ge of the remains desc	ribed abave, held an	Autopsy	Inspectio	in	, and in my o	pinian
	EXAMINER: CERTIFICATE JUD BE FORE DIRECTOR: WITH THE ARYLAND, 2	100	death result	ed from: Natu	ral causes 2,	Accident L., Su	icide 🔲.	Hamicide	Undetermined manne	r L.	
	EXAMI CERTIFI JID BE DIRECT WITH ARYLAI		ACTUAL	Una i	- MU	0.		Assistan	t	DATE	2/26/79
	ATH.		SIGNATURE	Lacky	o love in	ed	M.[MEDICAL EXAMINE	R SIGN	ED
	NE NE NOR	1	EXAMINER'S	NAMEMarga	rita A V	oroll M.D.		111	Ponn Street	+ Polto	MD 212.01
	TO MEDICAL EXAME EXECUTE THE CERTIFICATION OF A SHOULD BY TO FUNEAL DIRECTORY OF A SHOWN					orell, M.D.			Penn Stree	, barro	, rm 21201
	BATER	23a.B	PECIFY	-	236 DATE THE	23c. NAME OF CE	METERY OR	CREMATORY .	23d. LOCATION CITY OR TOWN	CO	UNTY STATE
	BP	24 5	Remo		3/15/79			2Ca DATE	REC'D. BY REGISTRAR T	Sh REGISTRAD'S	SIGNATURE
	DHMH - 17 (VR A15 ME (5))	24. 1	NAME		ADDRESS					Lister	y Me Crody
	15M7/76		Anatom	y Board	Bal	to., Md.			MAR 27 1979		



Use and the control of the control o

DECEASED NAME TYPE OR PRINT annie 3. SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) MONTH 1895 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY DIVORCED [WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) HUMENAICER DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) PR. GEO 130. STATE 13e STREET ADDRESS 13d INSIDE CITY LIMITS? YES [4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRS1 MIDDLE ROBER MACTITA 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 0 19a. DATE OF OPERATION 200 AUTOPSY 196 CONDITION FOR WHICH OPERATION WAS PERFORMED shav Mental Hygi 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN NOT WHILE WHILE AT WORK AT WORK 22a.1 certify that (1) (this haspital) attended the deceased free sow the deceased alive on_ obove, (harrow de) (did not) view the body ofte 22b. SIGNATURE DEGREE MEDICAL ATTENDING STAFF PHYSICIAN A MPORTANT 22d. HYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE BP.

2a DATE OF DEATH

REG. NO IF UNDER 24 HRS IF UNDER I YEAR DAYS PRINCE GERREES 12b. KIND OF BUSINESS OR INDUSTRY 2600 QUEENS CHAPEL

2600 QUEENS CHAPEL APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? YES T NO [

> COUNTY STATE

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

DIRECTOR PHYSICIAN

24 FUNERAL DIRECTOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH - 16 50M 7/77 (VRA 15(4))

FOR

- STATE

REGISTRAR

the attending physicion and campletely filled in by the funeral director remove carban papers. Pages 1 and 2 shauld be filed within 72 hours of

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

OR ATTENDING PHYSICIAN:

retained by the haspital

Funeral

Home

Rd.,

TATE OF	MARYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR - STATE		T OF HEALTH AND MENTAL HYGI ERTIFICATE OF DEATH	IENE	79-04986
	REGISTRAR			REG. NO	
	DECEASED NAME AFRIST PRE OR PRINT) Anne	MIDDLE E	Awens	reb. 5	1979 HAM
3. S	Female	WHITE 5.1	MONTH DAY GAR 9		79 YRS MONTHS DAYS HOURS MIN.
70	BIRTHPLACE (STATE OR FOREIGN C) 76.		AARRIED NEVER MARRIED DIOWED DIVORCED	PANTIMORE CITY OF	COUNTY OF DEATH
0 4	omestuille	HAME OF HOSPITAL, NURSING H		IZO USUAL OCCUPATION (TYPE OF WORK FOR MOST OF FILM Edi	
5 USL	UAL RESIDENCE (IF NURSING HOMEOR OTH STATE 13b. COUNTY	HER INSTITUTION, GIVE RESIDENCE BÉFORE ADM	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	Ave,
14. F	FATHER'S NAME FIRST MIDE	DLE LAST	15 MOTHER'S MAIDEN NAM	WE	LAST
el.	James	Childs	Mary		Hughes
160	WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES, GIVE WA	D FORCES? 16b. SOCIAL SECURITY STATES 1545-10-84			Warren, Michigan Brother
	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B		erote Cardio V	ascular De	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH REAL
	4292	DUE TO, OR AS A CONSEQUENCE			
	Canditions, if any, which gave rise to immediate cause (0), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE	E OF		
NO.		NDITIONS CONTRIBUTING TO DEAT	TH BUT NOT RELATED TO THE TERMI	INAL DISEASE OR COND	DITION GIVEN IN PART 1(0)
GERTIFICATION	190 DATE OF OPERATION)%. CONDITION FOR WHICH OPE	RATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
	OR CONTRIBUTION CALLES OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM,	21f. LOCATION STREET	CITY OR TOW	N COUNTY STATE
	22a.1 certify that (I) (this haspital) saw the deceased alive on abave, (I) (we raid) (did not) v	2-4 19 79	, and that in (my) (que) apinian a	to	, 19.79, that (1) (we) last
	276. SIGNATURE John 7	Shay	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	
	John F. Sha	y, M.D.	22e. ADDRESS 5509 Old S	Silver Hil	1 Rd, Suitland M
23a	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. NAM	E OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
136	Burial	2-8-79 Ceda	ar Hill Cem	Suitland	P. P. G. Maryland
24.	FUNERAL DIRECTOR Robt E	Wilhelmadores 4308	Suitland 250. DAH	RECD. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE

Suitland, Md.

DHMH - 16 50M 7/77 (VR A 15 (4))

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	- 04981
			CEASED NAME FIRST	MIDDLE	A II	0.0	YEAR 26 HOUR
y be	(2)	1	Roland	(H.	Pannell	0,0	1979 J PM
ge 4 may be ector, page 3 rrs after death	(1)	1. SE	MALE	BLACK	5. DATE OF BIRTH MONTH DAY YEAR YEAR		IF UNDER 1 YEAR OF UNDER 24 HRS AONTHS DAYS HOURS MIN.
h. Pa of dir 2 hou	Coe.		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
0 0	50	10.6	Ma.	U.S. H.	WIDOWED DIVORCED		orges MD.
by the	14	CI	TEVER/4	Frince Georgi	ges Hospital	TYPE OF WORK FOR MOST OF WORKING LIFE AB DRIVER	126/KIND OF BUSINESS OR INDUSTRY
nin 24 hou ly filled in should be	0 / M	130. 5	TATE	OTHER INSTITUTION, GIVE RESIDENCE BEFOR ITY 134. CITY OR TOW	D.C. 13d INSIDE CITY LIMITS?	130. STREET ADDRESS . 15 Lexington	P1, N.E.
ted with		14 FA	THER'S NAME PRESTO	N PANNEII	15. MOTHER'S MAIDEN NA	ia William	LAST
X D D	S medical		(AS DECEASED EVER IN U.S. ARI ES, NO ORUNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU WAR OR DATES)	Joseph Pan	nnell - Wash.	D.C.
hysicis paper aval	ent, the		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE		1	u.vo.t	BETWEEN ONSET AND DEATH
ding partem	fic eve		15119 IMMEDIAT	DUE TO, OR AS A CONSEOU	ENCE OF O	deret.	
death offence ove co	a E D		Conditions, if ony, which	(b)	Cyrinoma	Of pancien,	
the cremo	ther tr		gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU	ENCE OF		
2 00 -	a lo	-		(c) (c)	DEATH BUT NOT RELATED TO THE TERM	AINTAL DISEASE OR CONDITION CIV	FNI NI DAOY 14-
sign Then to bu	ınlırı,	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	WINAL DISEASE OR CONDITION GIV	EN IN PART 1101
he law range. has been permit	huo smo	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
phys trfica I-trar	18 m 18 m 19 m 19 m 19 m 19 m 19 m 19 m		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D		RED (ENTER NATURE OF INJURY IN ITEM 18, P.	ART I OR PART 2)
	rked or !	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
NR: Af	Si Bi			rol) attended the deceased from.			19, that (I) (we) last
ATTE ospitte ECTC ed for ot. of	m 21		sow the deceased olive on abave, (I) (we) (did) (did na 22b SIGNATURE	view the bady after death	DEGREE	death occurred on the date and hou	22c. DATE SIGNED
0 0 0 0	± -: 		the	In Sufe	MA ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	2-20-79
to HOSPITAL etained by 1 TO FUNERAL should be de	MPORTANT		22d. PHYSICIAN'S NAME (TYPEO GHBOR L	AUFER M.	DJ Sur white		
	≤	23a. (SURIAL, CREMATION, REMOVAL	23b. DATE 23g.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
BP	-	74 F	DUR 141	1x-d6-17 L	Mula Car 150. DA	M. DUITANA	RAR'S SIGNATURE
DHMH - 16 50M 7/7 (VR A 15 (4))	7	(seorge R. Si	nowden Rock	Ville Md.	CD 20 1313	/ /

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DHMH - 16 50M 7/77 (VR A 15 (4))

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250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Maryland 20735.B Home Funeral Clinton

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Partial 2/26/29 _.writneton Tar'1. _rr. yer_rline. Te.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20. DATE KNOWN MONTH 7b. HOUR (TYPE OR PRINT) ESTI-DEATH MATED RAY CARRICO PAYNE 1979 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE PRONOUNCED March 6,1928 50 YRS DEAD male white 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Mary Land U.S.A. WIDOWED DIVORCED Prince George's County 12a USUAL OCCUPATION (TYPE OF WORK 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12h KIND OF BUSINESS Trainer OR INDUSTRY Doctor's Hospital Horses Lanham SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Cheltenham P.O. BOX 64 NO IX T. PAGES 1 AND 2 SH 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LAST Lucy MIDDLE LAST FIRST Carrico Turner Payne 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 16b. SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) (YES, NO, OR UNKNOWN) 217-26-1323 R. Frances Payne same as 13 Yes Korean APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ISIT PERMIT. HYGIENE, D BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o)__ DUE TO, OR AS A CONSEQUENCE OF REMOVAL Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. OR PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 19g, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES K NO [EPARTMENT 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR 21e PLACE OF INJURY (AT HOME. II. LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE AT WORK LATE 21201 TOR: 22a. I certify that I took charge of the remains described obove, held on Suicide Homicide Undetermined monner death resulted from: Accident TITLE (SPECIFY) TO MEDICAL E)
EXECUTE THE CI
PAGE 4 SHOUL
TO FUNERAL D
AFTER DEATH, V
BALTIMORE, MA ACTUAL 2-16-79 Assistant MEDICAL EXAMINER SIGNATURE Ann M. Dixon, M.D. 111 Penn St. EXAMINER'S NAME TYPE OR PRINT 23c. NAME OF CEMETERY OR CREMATORY 30 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION STATE SPECIFY) 2-22-79 em. Cheltenham P.G. Md. Burial Md. Veterans Cem. 24. FUNERAL DIRECTOR (VR A15 ME (5)) Huntt Funeral Home Waldorf, Maryland 15M 7/76

60610-61 the fine of the first tenth washerfully to the best was Andrew a mean amount and and the Contract of Contract Buring 2-22-70 Not rough Cor. Chel to the F. F. F. C. at. Bur Cornel Perce test swant Iwan of a land

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR	DEPAR	RETMENT OF HEALTH AND CERTIFICATE OF		REG. NO	79-049	90
		CEASED NAME FIRST (OR PRINT)	RETT	PENDLEBU		20 DATE OF DEATH	MONTH DAY YEAR	26. HOUR
	3. SE		4 RACE White	5. DATE OF BIRTH		. AGE (IN YEARS LAST BIRTH		IF UNDER 24 HRS HOURS MIN
1	Wa	RTHPLACE ISTATE OR FOREIGN DENINGTON, D.C.	76 CITIZEN OF WHAT COUNTR USA	MARRIED NEVER	DIVORCED [PRINCE GEO	RGE'S COUNTY	MD.
4	C	HEVERLY	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI PRINCE GEORGE!	EET ADDRESS) S GEN HOSPIT		20 USUAL OCCUPATION OF WORK FOR MOST OF Retired-Ver	WORKING LIFET INDUSTRY	F BUSINESS OR
K	F	AL RESIDENCE (IF NURSING HOME OR 18 P. COUN Dade	OTHER INSTITUTION, GIVE RESIDENCE BEF ITY 13c CITY OR TO Miami	33179 YES 🖈		1192 N.E.	196th St.	
11		James	Meetre Meetre	Ma	R'S MAIDEN NAME	WIDDLE	Jenkins	
3		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVE NO	WAR OR DATES]			llywood; bury-son l	450 N. 64th	Ave
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1	CERTIFICATION	194 DATE OF OPERATION	196 CONDITION FOR WHILE	T TO WILL E		200 AUTOPSY?	IN CERTIFYING CAUSES (
9	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (I) (this hasping the deceased alive on above; (I) (we) (did) (did no 22b. SIGNATURE)	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE tol) ottended the deceosed from	DAY YEAR 19 211 LOCA' STREE	TION ET	city or tow	te and hour and from the c	
1		22d. PHY SICIAN'S NOME (TYPEO MYRON MURDO)	CK I.		ESS LAUREL-BO	OWIE RD. NO	WIE MD. 2071	5
	Bu	BURIAL, CREMATION, REMOVAL SPECIFY) 1181	- 1	Ft. Lincoln	Cemetery	23d. LOCATION CITY OF TOWN COLMOR M		STATE
	J.	William Lee's	Sens Co. 300-4	Wash. D.C. : th St.N.E.	20002 PATE MAI	REC'D. BY REGISTRAR 2 1979	256. REGISTRAR'S SIGNATU	JRE .

DHMH-16 50M 7/77 (VR A 15 (4))

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COLL LAUVEL - NOVIE NO. WOMEN NO. 20715

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J. illiam Lee's Sons Co. 300-4th St. T.E.

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1		1	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
	13	1-	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	G. NJ. 9-04992
- '			CEASED NAME FIRST	MIGDLE LAST 20. DATE KNOW	N MONTH DAY YEAR 25 HOUR
	W 8 8 8 4 1		Kicha		0 0 2/24 1979 M
	AR TO SO STATE	3. SE	Wale White	5. DATE OF BIRTH MONTH DAY YEAR 6. AGE (IN YEARS) IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE NONTH DAY YEAR 1 AGE (IN YEARS) IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE NONTHS DAYS HOURS MIN PRONOUNCED DEAD	2/24 1979 6.39
0	FUNERA 5 FOR 5, WITHIR W. PREST	W.	RTHPLACE (STATE OR REIGN COUNTRY) ashington D C	USA WIDOWED DIVORCED FORMER	CROGRES MD.
	AY IS AGE AGE	C	PINLEM	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT INSUCH FACILITY GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE Stone contr	OR INDUSTRY
21201		USU/	AL RESIDENCE (IF IN NURSING HOME OF		ld Landers Lord
	FTER DEATH. II F PAGES 1, 2, FORM PM 3. ES 1 AND 2 SI ON OFWITAL		ATHER'S NAME FIRST Richard B F	Phelps Sr LAST Ellen B Halle	•
MO	FTER DE FORM FORM ON OF	16a. V	VAS DECEASED EVER IN U.S. ARM ES, NO, OR UNKNOWN) (IF YES, GIVE W	VAR OR DATES)	DRESS
TIVE	SOTE		5.076	11 578-38-0355 Marion P Cook Arlin	
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD.	HIN 24 HOURS IN ITEM 18. G R ALONG WIT SIT PERMIT. PA HYGIENE, DIV	100	18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIATI	E CAUSE (d) // therefore () which	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTO	WITHIN TOTAL IN IT)	Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSEQUENCE OF	
301 W.	WULD BE EXECUTED WITHIN "PENDING" IN PENCIL IN FEMENCIAL EXAMINER A SED AS A BURIAL-TRANSI HEALTH AND MENTAL HY CREMATION, OR REMOVAL		couse (a) stoting the <u>under-</u> lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
DS, 3	EXEC NG" ICAL A BUI		PART 2 OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
S	"PENDING "PENDING EF MEDIC SED AS A HEALTH , CREMATIC	CERTIFICATION			
AL R	SHOULD ORD "PER A CHIEF A E USED TO F HEAL CREATER OF TO F HEAL CREATER	ICA	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
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ONOIS	FICA OUL NTW	MEDICAL CI	UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH 5 F.M. 2-24 1979 auto / Auto Calision	CM TOPAKT I UKPAKTZJ
DIVIS	AR AR ELE	MEC	WHILE NOT WHILE AT WORK	STREET FACTORY FARM, ETC.) STREET FASTORY FARM, ETC.) STREET FARMS YOUR MAN AM, WOLLS CE	MARY Fr. GROWS MAR
			22a. I certify that I took charge	of the remains described obave, held an Autapsy . Inspection . Inquiry .	ond in my apinion
	ZEWOIE S		death resulted fram: Natura	al couses . Accident . Suicide . Hamicide . Undetermined manner	
	AL EXAM HE CERT HOULD (AL DIRE (TH, WIT) E, MARYL		ACTUAL SIGNATURE	M.D. Deputy MEDICAL EXAMINER	DATE 2-23/79
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA	-	EXAMINER'S NAME AUGUS	sto P. Rodriguez 12800 Willow Wind C	
41	BA TTI	23a.B	URIAL, CREMATION, REMOVAL 23 PECIFY) Burial	Feb 28, 1979 Ft Lincoln Cemetery Brentwood	Pro Georges STAIL Md.
1	DHMH - 17	24. F	INERAL DIRECTOR	ADDRESS 250. DATE REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNATURE
	(VR A15 ME (5)) 15M 7/77	F	Gasch's Sons	P A Hyattsville, Md. MAR 2 1979	///////////////////////////////////////

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Desi 2,5 1890 OC. RECEIVED TOPICS La Company of the second secon BESHELL METATER H., ASDESSION AS SEE STREET, STREET, THE REAL PROPERTY. and the second SAZZE-SETT BO., ONT STORA SET TANK LANGE IN MUNICIPAL SYSTEMS TO THE STATE OF THE STATE PORTER OF THE ROLL OF THE PROPERTY OF THE PROP

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME DATE KNOWN 26. HOUR ESTI-DEATH MATED 4. RACE 5 DATE OF BIRTH. 6. AGE (IN YEARS 3-1249 IF UNDER 1 YR. IF UNDER 24 HRS DATE BIRTHDAY PRONOUNCED DEAD BALTIMORE CITY OR COUNTY OF DEATH 7g BIRTHPLACE (STATE OR MARRIED NEVER MARRIED WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK 1126. KIND OF BUSINESS OR INDUSTRY Security Guard FINEP! 13e. STREET ADDRESS 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE OF AND DeFilippo Massimo Anina 17. INFORMANT 16b. SOCIAL SECURITY NO 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 579-10-5865 Ronald J. Phillips 12606 Craft Lane CAUSE OF DEATH (Enter only one cause per Tipe far (a), (b), and (c).) liso be covoled vascular disca PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE, ON, OR REMOVAL IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2-OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) SED AS A I CERTIFICATION USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BUR!AL, NO 96 3 SHOULD BE DEPARTMENT 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21201 PRIOR 21e. PLACE OF INJURY (AT HOME 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21: 220. I certify that I took charge of the remains described above, held an Autapsy Inspection and in my apinian death resulted fram: Natural caures Accident Suicide Hamicide Undetermined manner MEDICAL EXAMINER EXAMINER'S NAME LIGUS 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 21. 1979 Parklaum Cometony Rachvillo Mont 250. DATE REC'D BY REGISTRAR 256. REGISTRADA AND REGISTRADA DHMH-17 20M 1/73 24. FUNERAL DIRECTOR Francis J. Collins (VR A15 ME (5)) +,, Blvd., W. Silver Spring,

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STATE OF MARYLAND 79-04996 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME MIDDLE LAST 20. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) Robert Linwood Reavis February 2, 1979 4 RACE 6 AGE IN YEARS LAST BIRTHDAY) 3. SEX 5. DATE OF BIRTH MONTH Male Negro 10, 1919 Aug. TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED COUNTRY Massachusetts WIDOWED U.S.A. Prince George DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Rt. 3. Box 551. No. Keyos Road Policeman (Ret.) Brandvwine D. C. Gov't DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) d be 130. STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 1136 CITY OR TOWN Pr. Geo. YES X Rt. 3. Box 551. No. Keyes Rd. Maryland Brandywine 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME N MIDOLE puo Chester A. Reavis, Annie M. Daniels 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT LYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Dorothy E. Reavis. Wife Yes leftel TT 577-18-3961 SAA APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH ŧ 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c1.) PART I. DEATH WAS CAUSED BY: 1 my SILCOM IMMEDIATE CAUSE (0). DUE TO, OR AS A CONSEQUENCE OF MERSONNE CANCEL Conditions, if ony, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF DISRASR underlying couse HODGYINS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? YES T NO [] NO Mentol Hygi or Hem 18 sh 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 71d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.1 CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from. 12/-1979 sow the deceased alive an. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body after death Stote Dept. 226. SIGNATURE DEGREE 22c. DATE SIGNED MS 213/79 100 ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN FUNERAL MPORTANT: 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS with the Stanley A. Schwartz 106 Irving St.. N. W. 23d. LOCATION 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY TAPE 2/8/79 Maryland Veterans Cem Cheltenham, Maryland Burial 24. FUNERAL DIRECTOR REC'D. BY REGISTRAR 251 REGISTRAR'S TO DHMH-16 60M 1/73 Corre Funeral/Ser. 7400 Ga. Ave. N.W. (VR A 15 (4))

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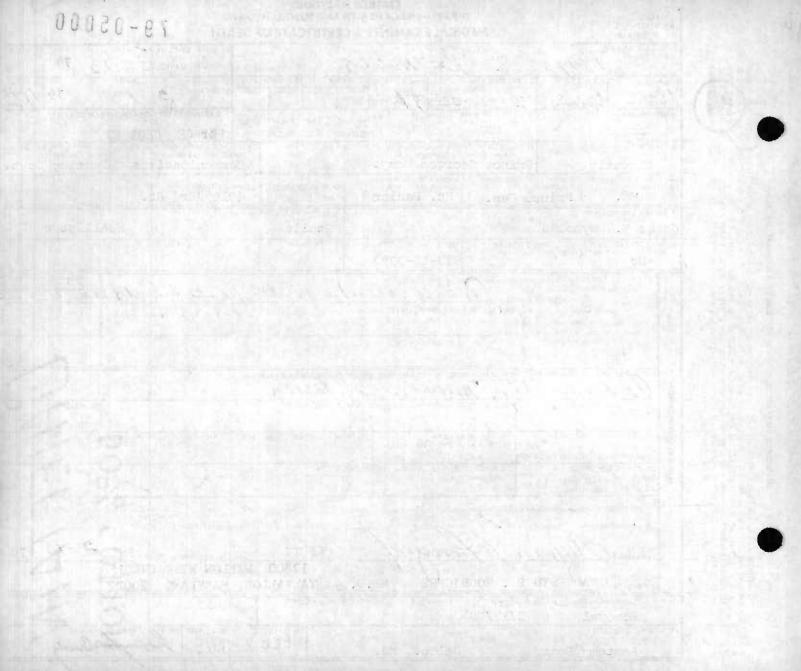
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR LAST DECEASED NAME 2n DATE OF DEATH MONTH 7h HOUR TYPE OR PRINTS **JAMES** ELY REEVES FEBRUARY 24, 1979 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH DAY YEAR MONTHS DAYS HOURS 1924 Male Caucasian BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Texas U.S.A. DIVORCED T WIDOWED Pr. Geo. 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY DOCTORS HOSPITAL OF P.G. CO DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 LANHAM Dairy Industry- Management USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13e STREET ADDRESS 13b. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 12914 Cheswood Lane Bowie NO Geo 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE James E. Reeves Elizabeth Perry ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Dixie A. Reeves Same as # 13 Yes NOTT B CAUSE OF DEATH (Enter only one cause per line of (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ec Cours Conditions, if any, which gove rise to immediate couse (a), stofing the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHERS IGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAYED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 CERTIFICATION 0 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? NOP YES [210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH d Mentol MEDICAL (IF BITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION 0 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE NOT WHILE AT WORK 220.1 certify that (1) (18 hospital) attended the deceased from. toh ond that in my (our) opinion death occurred on the date and hour and from the causes stated (did not) view the body after death DEGREE 22r. DATE SIGNED ATTENDING MEDICAL STAFF TO FUNERAL E should be deta with the State E MPORTANT 224 PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN COUNTY Burial Johnson Mem. Cem Munday Knox Texas CRESTRAR 25% REGISTRAR SEGNATURE 24. FUNERAL DIRECTOR Robert G. Beall Funeral Home DHMH - 16 50M 1/76 (VR A 15 (4)) 9013 Annapolis Rd. Lanham. Md.

88810-81 on Apple The party of the party of the color of the color A S. N. S. NET BOTH BEING olicinal preson de cira the anne rettan . I do b age all all and he to the fact that the control of THE COUNTY OF THE PROPERTY OF STREET STREET The Color of the C with till at the attour of the target the offer at at a transfer at the attended THE BEST CONTROL TO BE THE BOOK OF THE PRINCE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. Q -I. DECEASED NAME 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) ESTI-MATTIE SNYDER RENNER 2-18 DEATH MATED 3. SEX 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 75 BIRTHDAY PRONOUNCED 2-5-13-03 79 FEMALE WHITE 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED PRINCE GEORGES WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS OR INDUSTRY School Teacher GEORGEST GEN. HOSP. (DOA) CHEVERLY Education USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS STOCK STREET ASPESOER HILL ROAD 13 PRINCE GEORGES 13 EITY OF TOWN 13d. INSIDE CITY LIMITS? NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Harvey MIDDLE MIDDLE SNYDER Rebecca. MOYER. 90 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166. SOCIAL SECURITY NO 5816 Willow Oaks Dr. (IF YES, GIVE WAR OR DATES) Jean None SHERBONDY Richmond, Virginia CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise ta immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) USED 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [] 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e. PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM FTC.) STREET CITY OR TOWN COUNTY AT WORK NOT WHILE AT WORK 220. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian R DEATH, WITH THE death resulted fram: Hamicide Undetermined manner DIRECT TITLE (SPECIFY) DATE 2-20-79 DEPUTY MEDICAL EXAMINER EXAMINER'S NAAUGUS TO RODRIGUEZ 12800WILLOW WIND CIRCLE, TANTILON, MD ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Feb. 22. '79 Valley View Cem Nokesville. Virginia 24 FUNERAL HOME ADJENC. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) 2847 Wilson Blvd Arlington 15M 7/77

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STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** 79-05000 FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN 26 HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED SEX DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE MONTH DAY LAST BIRTHDAY PRONOUNCED DEAD TO BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED USA Kansas WIDOWED T DIVORCED PBINCE GEORGES ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY FOR MOST OF WORKING LIFE! Prince Georges Hosp. Cheverly Communications Justice Dept. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 1136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 4014 33rd St. Md. Prince Geo. Mt. Ranier 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE McAllister Stella James W. Reynolds 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 515-10-3393 CAUSE OF DEATH (Enter anly one cause per metar (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY selerche ander Vercely de DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2-QEHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION-GIVEN IN PART 1 (0) CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO [21a FXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK 220 I certify that I taak charge af the remains described above, held an Autapsy Inspection and in my opinion Natural causes death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) DEPHTY MEDICAL EXAMINER SIGNED 12800 WILLOW WIND CIRCLE EXAMINER'S NAMAUGUSTO P RODRIGUEZ .D. ADDRESTANTALLON. MARYLAND 20022 230 BURIAL, CREMATION, REMOVAL 236. DATE 7 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Removal 2/15/79 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** ADDRESS Tirkry McCready (VR A15 ME (5)) Anatomy Board Balto., Md. 15M 7/77



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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 morphisms retained by the hospital or otherding physician. TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbanoppers. Pages 1 and 2 should be filed within 72 hours ofter death with the Storia Dept. of Health and Meerical Bygiene prior to burial, cremoval. MAPORTANT: If hem 21 is marked or Item 18 shows any injury, or other troumatic event, the medical exagining must be notified at once.

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-05002

ч		REGISTRAR				4211111		REG	. NO.				
		CEASED NAME	FIRST	^	NIDOLE	L	AST	2a. DATE OF DEATH	HONTH	DAY YEAR	26 HOUR		
	(ON LAND	RUTI		JANE	R	ILEY	FEBRUARY	21	1979	8:50A _M		
	3. SEX	EMALE		LE VHITE		JULY		6. AGE (INYEARS LAST	r sirthday]	MONTHS DAYS	HOURS MIN.		
7		RIHPLACE ISTATE ORF		76 CITIZEN OF	what country?	8. MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CIT		George':	s _{MD.}		
CAR		TY OR TOWN OF DE. Lanham	ATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	Pr. Geo. Co.	120 USUAL OCCUP	ATION ST OF WORKING	126. KIND C	hopp Jr.		
5		SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland Prince Geo. 13:Tanhamwn 13d. INSIDE CITY LIMITS? YES NO 130:581884Wffftfield C.						d Chapel	Road				
10	I4 FA	John Tohn	(JODIE B	renan		Ruth	Jan		McGin	McGinley		
	16a. ∨ (Y	VAS DECEASED EVER		MED FORCES? WAR OR DATES)	168 36		Larry D. Ril		as #13	(Husban	id)		
	CERTIFICATION							GIVEN IN PART 1(YES, WERE FINDII TIFYING CAUSES	NGS USED				
2		210. ACCIDENT WAS UN	CAUSE OF DEA	HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCURE	YES NO	2	YES	NO [
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE AT WORK AT							COUNTY	STATE			
		220. Certify that (1) (this haspital) attended the deceased fram 2-13-19, 19, 10 2-21, 19 saw the deceased alive on 2-21-19, 19, ond that in (my) (our) opinion death accurred on the date and hour and obove, (1) (we) (did) (did not) view the body after death. 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN								hour and from the	SIGNED 179		
		22d. PHYSICIAN'S N CHIN- (BURIAL, CREMATION,	Hua	N HS			6905 Baldin	23d. LOCATION	o Col	grank	20740		
	B	urial		2/23/			coln Cem.	Bren		°G.	Md.		
	24 F	NERAL DIRECTOR	Francille,	is Gasc Marylan	h's Sons	F.H.	P.A. 25 DA	E REC'D BY REGISTE	AR 25b, REG	ISTRAR'S SIGNA	TURE		

DHMH - 16 50M 7/77 (VR A 15 (4))

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a wild set in the set in		emanya 7	a udot
See at #13 (Septemb)	The Town of the	ar 500 m	
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Management P.C.	Innobin Comi	Mark Server	
		di (5) not (u c) ton november	Parity Print

12		FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	5003
eorn 3		OR PRINT) FIO TEN CE	MIDDLE	RUSSELL	20 DATE OF DEATH MONTH	18 79 12:30 A
ge 4 mg ector, pd	3. SE	Female 1	WHITE	S. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 5 3 YRS	IF UNDER LYEAR OF UNDER 24 HRS
leoth Po	7a BI	RTHPLACE STATE OR FOREIGN 71	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	PRINCE GEORGE	
21201 21201 hours ofter dec	110 C	1	NAME OF HOSPITAL, NURSIN	ADDRESSITAL COMER.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING N/A HOUSE WIFE	12h KIND OF BUSINESS OR
"LAND 212 "LAND 212 In 24 hour sty filled in should be in certainst be	13a. S	AL RESIDENCE (IF NURSING HOME ORD STATE 136 COUNT P. G. C.	V III CITY OF TON	N 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 3446 Brinkley Rd	Temple Hills, Mol.
MARYLA MARYLA red within ond 2 sh examiner		THER'S NAME FIRST SMI	olby Brighty	15 MOTHER'S MAIDEN NA FIRST	MIDDLE	Padaett
BALTIMORE, MARYLAND 2120' BALTIMORE, MARYLAND 2120' cote be executed within 24 hours systicon and completely filled in by ppers. Pages 1 and 2 should be file vol. t, the medical examiner faust be not, the medical examiner faust be not.	16a V	VAS DECEASED EVER IN U.S. ARM (ES, NO OR UNKNOWN) IF YES, GIVE V	VAR OR DATES!	1 , 0	Russell 34412 Ram	Lee Pa Tampo Uhila
S :		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	one couse per line for (o), (b), an BY. CAUSE (o) Catalog	enic shock, Gurd	iorespiratory arrest	APPROXIMATE INTERVAL ADDRESS OF THE SET WEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON S DIVISION OF VITAL RECORDS, 201 W. PRESTON S NG PHYSICIAN: The low requires that the death cert atter this certificate has been signed by the ottending st the buriol-tronsit permit. Then please remove corboi th and Mental Hygiene prior to buriol, cremotion, ar res orked or them 18 shows any injury, or other traumatic ex		Conditions, if any, which gove rise to immediate couse to stating the underlying couse lost	DUE TO, OR AS A CONSEQUE		eli heart Glock.	
RDS, 20	NOI	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	IVEN IN PART 1(0
AI RECO	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \(\text{NO} \)
N OF VITAL SICIAN: The ng physicio certificate h viol-tronsit) tentol Hygie them 18 sho	-	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH D.	YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2}
VISION G PHYSI G PHYSI of this certhis certhis certhis certhis certhin cond Mee	MEDICAL	21d. INJURY OCCURRED WHILE ONT WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION	CITY OR TOWN	COUNTY STATE
TENDIN ortol or or USE of Health		220.1 certify that (1) (this hospital saw the deceased alive on above, (1) (we) (did) (did not)	1) ottended the deceosed from	9, 27, 1979 9, ond that in (my) (our) opinion	death occurred on the date and ha	our and from the couses stated
TAL OR AT Y the hosp RAL DIREC detoched for tote Dept.		22b SIGNATURE	wiew the body offer death.	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED 2,28,79
HOSPIII FUNEI Sould be th the Sy		22d. PHYSICIAN'S NAME (TYPE ORF M. NEMATE, M.D	/ ATTENding Physician, I	or. Mossaan. 4235, 26	The marker the	eights, Md. 20031
\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	23a. B	SURIAL, CREMATION, REMOVAL BORTHU	3/3/179 F	NAME OF CEMETERY OR CREMATORY	23d LOCATION SITY OR TOWN BRENTINO D	COUNTY STATE
DHMH - 16 60M 1/75 (VR A 15 (4))	24.57	WERAL DIRECTION CULT	F. H. 6/Cop. C	X on Hire MR DA	TE RECTO-BY REGISTRATE STREET	ACE VENEZURE

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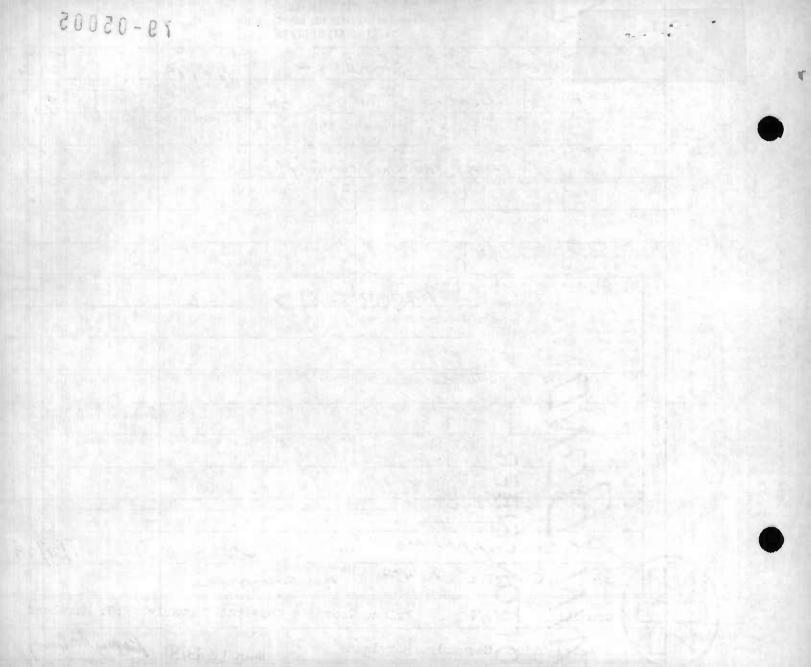
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) DEATH MATED S. DATE OF BIRTH 2d. HOUR IF UNDER 24 HRS DATE PRONOUNCED 7-19-DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE (STATE OR EVER MARRIED FOREIGN COUNTRY) USA Kosciusko, Miss. DIVORCED ALL MAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Retired None 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE LAST OKVIT Kattie Will Sallis Ross 17. INFORMANT ADDRESS In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. DIVISION (YES NO OR UNKNOWN) 209-09-9169 Martha I. Sallis/wife/same as 13e Yes APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause parling for (o), (b), and (c).) BETWEEN ONSET AND DEATH The Corder 165 ender discare PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19g DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF BURIAL, YES NO [DEPARTMENT PRIOR TO BURL 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 71a EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21f. LOCATION 21d. INJURY OCCURRED STREET STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE WHILE AT WORK AT WORK 220. I certify that I took charge af the remain described above, held an Autopsy Inspection and in my apinian Acadent Suicide Homicide Undetermined manner deoth resulted fram Naturol causes TITLE (SPECIFY) EXECUTE THE C PAGE 4 SHOU TO FUNERAL I AFTER DEATH, BALTMORE, MA Deputy MEDICAL EXAMINER 12800 Willow Wind Circle, Oxon Hill, Md. 20022 Augusto P.Rodriguez EXAMINER'S NAME 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a, BURIAL, CREMATION, REMOVAL 23b, DATE STATE 2-24-79 Lincoln Memorial Suitland, Md. Burial BP 24. FUNERAL DIRECTOR 250 DATEREC'D BY REGISTRAR LISS. REGISTRAR'S SIGNATURE **DHMH - 17** John T. Rhines Co., 3015 12th St., N.E., D. C. (VR A15 ME (5)) 15M 7/77

Raleigh Cline, Eheverly, Maryland

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND 79-05006 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 2b. HOUR (TYPE OR PRINTS Leah Sanford 25 1979 4:46 pm 4 RACE 3. SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH DAYS White Female 30 24 Whit To. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Prince George U.S.A. Maryland WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR Southern Maryland Hospital INDUSCOVt. TYPE OF WORK FOR MAST OF WORKING LIFE Clinton USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION P.G. Clinton 13d INSIDE CITY LIMITS? 130 6509001d Alexander Ferry Rd. Maryland YES T 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE Hart Nellie W. Hart George. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) John H. Sanford (Husband) Same as item 13a 579-20-0934 APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY Lours MAO Cardial DUE TO, OR AS A CONSEQUENCE OF atheroscientic colonery from discoss Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost ancarysm Upatri Calor PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION SW PPANOS obesitu 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO ial-transit printer YES [218. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21e. PLACE OF INJURY orked or (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from FEb. 25 sow the deceased alive on the body ofter death and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22t. DATE SIGNED ATTENDING 140 PHYSICIAN T DIRECTOR PHYSICIAN MPORTANT: 22e ADDRESS 17900 DO Branch ave Suite 101 should be with the S 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY P. Ganty Maryland Christ Church Cemetery Climton 2-28-1979 Burial 24 FUNERAL DIRECTOR George P. Kalas Funeral Home DHMH - 16 60M 1/75 (VRA 15(4)) 6160 Oxon Hill Rd. Oxon Hill Maryland

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21e PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

Sauls

16h SOCIAL SECURITY NO

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(IF YES, GIVE WAR OR OATES) WW 11

IMMEDIATE CAUSE (a

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic

Carl

(YES. NO OR UNKNOWN)

ves

CERTIFICATION

MEDICAL

(SPECIFY)

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Conditions," if ony, which gove rise to immediate couse (o), stoting the

underlying couse last

21d INJURY OCCURRED

79-05007

STATE

1979 1:00A. IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH Prince Georges 126 KIND OF BUSINESS OR Secret Service U.S. Gov't. 67th Place 15 MOTHER'S MAIDEN NAME Sarah Williams ADDRESS Riverdale 17 INFORMANT Waunitau C. Sauls, 6029 67th Pl., Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Massive Hepatic Replacement by metastic 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES X NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 2) CITY OR TOWN COUNTY STATE

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED

211 LOCATION

21b. TIME OF INJURY 21g. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE 220. I certify that (1) (this hospital) attended the deceased from

sow therefeces a glive on above (1) (we) did (did not) view the body ofter death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

Greenbelt Prof. Building, Greenbelt, Marylan 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY

Feb. 16.1979 Md. Veterans Cem. Cheltenham, Maryland Burial Robert CECTBeall Funeral Home 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 9013 Annapolis Read, Lanham, Maryland

DHMH - 16 60M 1/75 (VRA 15 (4))

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR 79-05008 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE LAST 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) 6:35p KATHRYN SAUR 02 05 79 CHALMERS 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR female WHITE 80 10 13 98 TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia US PRINCE GEORGES COUNTY WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12e USUAL OCCUPATION 12b KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CLINTON ACF Telephone operator SOUTHERN MARYLAND HOSPITAL CENTER JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 13e STREET ADDRESS 13d INSIDE CITY LIMITS? MARYLAND-PRINCE GEORGES HVATTSVILLE 4811 Hamilton Street 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST ? FIRST LAST LAST Joseph Minson Goodson ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 66 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 577-34-1956 Henry A Saur Hyattsville. Md. no APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0 Conditions, if ony, which gove rise to immediate couse (o), stating underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES | 210 ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION LAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from_ saw the deceased alive on 2-5-, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE DEGREE 22r. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS 330 d 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL STATE (SPECIFY) CITY OF TOWN Feb 9, 1979 Prospect Hill

DHMH - 16 60M 1/75 (VR A 15 (4))

Gasch's Sons P A Hyattsville, Md.

Burial

24. FUNERAL DIRECTOR

Washington D C 25 DATE REGD. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME KNOWN a. DATE (TYPE OR PRINT) OF ESTI-DEATH MATED nes 6. AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE 2d. HOUR LAST BIRTHOAY) PRONOUNCED 65 DEAD 70. BIRTHPLACE (STATE OR 9. BANTIMORE CITY OR COUNTY OF DEATH MARRIED PNEVER MARRIED DIVORCED WIDOWED LNAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! SHOULD BE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INS 13d. INSIDE CITY LIMITS? YES -NO [DIVISION OF WITH 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST LAST 7. INFORMANT 16a. WAS DECEASED EVER 16b. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one cause portine for (a), (b), and (c). PART I DEATH WAS CAUSED BY HYGIENE, Leu os elem ric IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF AL EXAMINER A Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (8) CERTIFICATION USED 196. DATE OF OPERATION 20 AUTOPSY? OF TO BURIAL, YES -RWARDED TO THE CONTROL BE STATE DEPARTMENT OF NO [218 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR 21e. PLACE OF INJURY (ATHOME. 21d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE WHILE AT WORK 22s. I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apinian SHOULD BE Natural causes death resulted fram: Suicide Hamicide L Undetermined manner TITLE (SPECIFY) EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA Deputy MEDICALEXAMINER EXAMINER'S NAME Augusto P. Rodriguez 12800 Willow Wind Circle, Oxon Hill, Md. 2002; (TYPE OR PRINT) **ADDRESS** 230. BURIAL, CREMATION, REMOVAL 236, DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) 15M 7/77

19-05009 A COMPOSITION OF THE PROPERTY Later Company of the Street Street Comment Sing the control of t THE DAY IN THE WAY OF THE PARTY MARCH 1870 Right Kalend

DHMH - 16 50M 7/77 (VR A 15 (4))

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

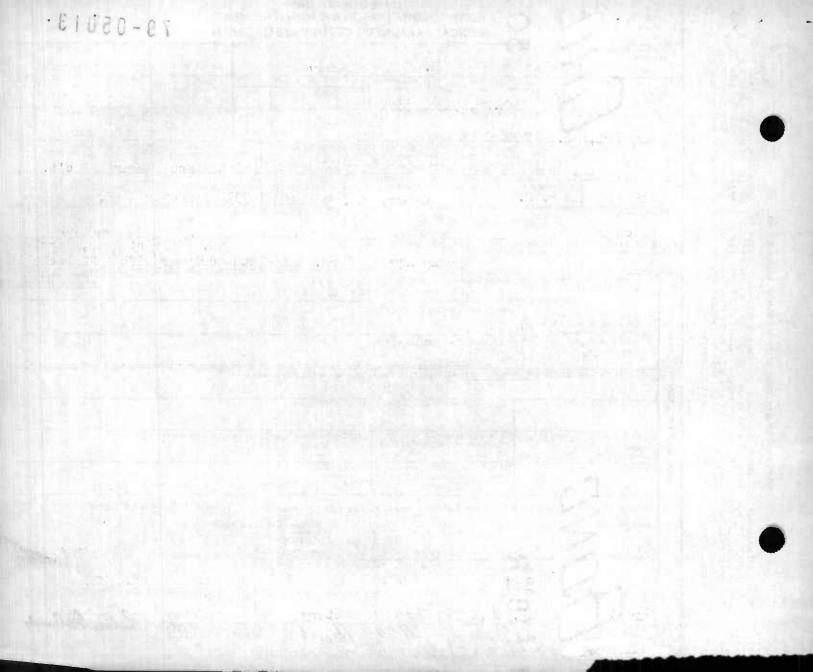
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	- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	1 3 - 0	50.	
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		JTH.		Κ.	SCH	JHART	2/25/19			10:25
3. SE	X	4.	RACE		5. DATE O	F BIRTH DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF U	NDER I YFAR	IF UNDER 24 HR
_	'emale		White	е	Apri		50	YRS	III3 DAIS	INGURS MIN
	IRTHPLACE (STATE OR FO	DREIGN 76		WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	100
M	aryland		U.S.A	4.	WIDOWE		P.G.			٨
10 C	ITY OR TOWN OF DEA	TH 11		HOSPITAL, NURSIN		ROTHER INSTITUTION	12a. USUAL OCCUPAT		26. KIND O	F BUSINESS C
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14. F/	ATHER'S NAME					15. MOTHER'S MAIDEN NA				2010
1	James	Har	PTT	Knott		Alice	Fligs	abeth	Tho	mpson
160.	WAS DECEASED EVER		<u> </u>	16b. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR		1110	mpson
- ((YES, NO OR UNKNOWN)	(IF YES, GIVE W	'AR OR DATES)	579-36-	5086	William E.	Schuhar	Samo	as	130
	T					MITITION D.	Schullar	Dame		_
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	PART 2. OTHER SIGN	NIFICANT CO	NDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN	N PART 1(n	1)
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CERTIFICATION	198 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WI	ERE FINDIN	IGS USED
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- 2	71n ACCIDENT WAS UNE	ERLYING []	21b. TIME O	F IN HIRY		21c. HOW INJURY OCCURE	YES NO	YES _	,	NO 🗌
	OR CONTRIBUTING			M. MONTH DA	Y YEAR	THE HOW WOOK! OCCOR!	LED LEWICK HATORE OF HATE	K) IN HEM ID, PART I	OR PART 2)	
N V	(IF EITHER, NOTIFY MEDIC			M	19					
MEDICAL	21d. INJURY OCCURE		21e PLACE	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC)	21f LOCATION STREET	CITY OR TO	wn	OUNTY	STATE
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1/3	220.1 certify that (I)	(this hospital) ottended th	e deceased from	0	19		19_	1	that (1) (we) I
	sow the decease above, (1) (we) (c	d olive on	4	19	, on	d that in (my) (our) opinion	death accurred on the c	late and hour an	d from the	couses stated
	22b. SIGNATURE	na rata non	view the body	etter deoth.		DEGREE			22c DATE	SIGNED
		7/1	- 7	100000	h	ATTENDING &			2 -	26 20
-	72d. RHYSICIAN'S NA	20 9	n c	gen	V	PHYSICIAN 2	DIRECTOR PHYSI	CIAN	-	-6/1
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230.	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	cou	NTY	STATE
	Burial	V	3/1/79	9 Sa	acred	Heart	Bushwood		larv*	s MD
24, F	UNERAL DIRECTOR						E REC'D. BY REGISTRAF			P
	W. Clark	e Mat	tingl	ADDRESS TIPON	ardt	own Md M	AR U 1 1979	test	. hon	0
	NAME	e Mat	tingl	ey Leon	ardt	AA.	AR 0 1 1979	Profes	w ho	Bear

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN 2b. HOUR SCALETTA (TYPE OR PRINT) Vincont OF ESTI-DEATH MATED 4 RACE 6 AGE (IN YEARS SEX 5 DATE OF BIRTH IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED 25 DEAD 7b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OF COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Italy U.S.A. WIDOWED [DIVORCED CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS NOT IN SUCH ACILITY, GIVE STREET ADDRESS) Ret. Barber-Self-Employed SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION. 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Pasquale Scaletta Zavitteri Camella 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** same as (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 577-05-3405A Mrs. Anita E. Scaletta No above 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions if ony, which QNELLU Sym gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d CERTIFICATION achure 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? E 3 SHOULD BE US E DEPARTMENT OF PRIOR TO BURIAL, OF YES NO T 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET AT WORK AT WORK CITY OR TOWN COUNTY STATE 22a. I certify that I took charge of the remains described above, held an WITH THE Inspection and in my opinion death resulted from: Natural causes Accident Homicide Undetermined manner DIR ITLE (SPECIFY R DEATH, MEDICAL EXAMINER EXECUTE
PAGE 4
TO FUNE
AFTER DE
BALTIMO EXAMINER'S NAME (TYPE OR PRINT) 124645 23a BURIAL, CREMATION, REMOVAL 23b, DATE 23c, NAME OF CEMETERY OR CREMATORY Pr. Geo. 2-5-1979 Ft. Lincoln Cemetery Brentwood Burial 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE **DHMH-17** NaTiey's F.H. Inc. (VR A15 ME (5)) Mt. Rainier, Md. 15M7/77

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTS 79 0:57P.M GUY LEROY SCHULTZ . Sr. 02 07 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH DAY YEAR DAYS HOURS 28 Male Caucasian 00 TO BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Washington DC Prince Georges WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE Gracer SOUTHERN MARYLAND HOSPITAL CENTER Retired Clinton BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
136 STATE 136 COUNTY 136 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 805 Old Branch Avenue Maryland Pr.Georges dlinton 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME G. Schultz MIDDLE Gertrude Brown Charles ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) 20-32-6205 Same as Mildred C. Cissel no 18 CAUSE OF DEATH Enter only one cause per line far PART I. DEATH WAS CAUSED BY 201 W. PRESTON ST., IMMEDIATE CAUSE Conditions, if any, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF oth underlying cause à PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M ō 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceosed alive an obove, (1) (we) (did) (did not) view the and that in (my) (our) opinion death accurred an the date and hour and from the causes stated Dept. DEGREE 22c. DATE SIGNED \pm ATTENDING MEDICAL PHYSICIAM DIRECTOR PHYSICIAN 22e ADDRESS should be 230 BURIAL CREMATIC 23c. NAME OF CEMETERY OR CREMATORY EMOVAL Burial Clinton. Md . ----Resurrection 24 FUNE DHMH - 16 60M 1/75 riome, (VRA 15 (4)) uneral

79-05013 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20. DATE KNOWN TO MONTH 2b. HOUR (TYPE OR PRINT) Н. Richard DEATH MATED S FOR YOUR FILES.
WITHIN 72 HOURS Scrivner 6. AGE (IN YEARS | IF UNDER 1 YR. 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS 2d. HOUR DATE 4:50A LAST BIRTHDAY PRONOUNCED Male **Black** DEAD 17 19 79 55 YRS 7923 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? MARRIED KNEVER MARRIED FOREIGN COUNTRY) Prince George's County, WIDOWED DIVORCED United States Honer Marl PAGE 5 FILED, 301 W 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Cheverly Prince George's General Hospital Maintenance Worker GOVI t. BE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e, STREET ADDRESS 13a. STATE 13b COUNTY 7318 Landover Road Maryland andover YES S NO [] 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME DIVISION OF VITE MIDDLE LAST MIDDLE LAST FIRST Richard Thomas 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO, OR UNKNOWN) WITH FO (IF YES, GIVE WAR OR DATES) Irs. Elizabeth Scrivner/wife/1922 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot wound of chest IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF REMOVAL Canditions, If any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONOITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 19a DATE OF OPERATION 20. AUTOPSY? OF TO BURIAL, YES 2 NO [RWARDED TO THE CAPAGE 3 SHOULD BE STATE DEPARTMENT (2) 201201 PRIOR TO BURIA 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TOR MEDICAL shot by assailant :19xxx 2 CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, AT WORK AT WORK STATE STREET, FACTORY, FARM, ETC.) 7318 Landover home Landover P.G. MD ∧ Autopsy Inspection Inquiry and in my apinian 22e. I certify that I took charge of the remains described above, held an DIRECTOR MARYLAND, Homicide X Undetermined manner death resulted fram: TITLE (SPECIFY) AGE 4 ST. TO FUNERAL D AFTER DEATH, PALTIMORE, M ACTUAL DATE SIGNED 2/18/79 Deputy ChiefDICAL EXAMINER SIGNATURE Thomas D. Smith, M.D. EXAMINER'S NAME 111 Penn St. Balto., MD. TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN Burial Harmony Cemetery Feb. Landover 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5))



L					MARYLAND	
10	1.	FOR STATE		EPARTMENT OF HEALT	H AND MENTAL HYGIENE	30 05015
		REGISTRAR	MED	DICAL EXAMINER'S	CERTIFICATE OF DEATH	REG. 70.9 - 05015
		CEASED NAME FIRST		MIDDLE	LAST 29. DAT	E KNOWN MONTH DAY YEAR 75. HOUR
ES. FES. FES.	(TYF	E OR PRINT) France	i Arl	hud SHI	F-D Lat 1 OF	ESTI- H MATED 1 /-3/ 1979 M
Y, PLEA DIRECTO UN FIE V STREE	3. SEX	ale White	5. DATE OF BIRTH	YEAR LAST BIRTHDAY) MON		TE MONTH DAY JEAR 2d HOUR UNCED AD 1-31
SAR YO YOU	70 B	RTHPLACE (STATE OR	7b. CITIZEN OF WH	/ / / / / / / /		IMORE CITY OF COUNTY OF DEATH
NECESSARY, S FOR WITHIN 702 W PRESTON	FC	REIGN COUNTRY)		S A WIDO	RIED NEVER MARRIED	ne (reages MD
SEE SEE	10.5	TY OR TOWN OF DEATH		TITAL, NURSING HOME, OR OT	1 L FORMOST OF V	CUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
TO SEE	12	nixam	100 COV 5	Tes biles if I	Ce. (DOA) Print	ing co Stationer
IF ANY DELAY IS NIC., AND 3 TO THE FU. 3. RETAIN PAGE 5 SHOULD BE THEED. I RECORDS 300 W		TATE Md. 13b. COUP		e residence before admission) 13c. CITY OR TOWN Bowie	13d. INSIDE CITY LIMITS? 13e. STREET ADD	Port Echo Lane
5, 60 a. c.	14 F	ATHER'S NAME	deorges	1 -01120	15. MOTHER'S MAIDEN NAME	
M FA DA		Arthur E		LAST	FIRST	nitten LAST
BALTIMORE, JRS AFTER DE GIVE PAGES WITH FORM WITH FORM DIVISION OF	16e. V (Y	VAS DECEASED EVER IN U.S. AR ES. NO, OR UNKNOWN) (IF YES, GIV	MED FORCES? WAR OR DATES)	16b. SOCIAL SECURITY NO. 014 14 6293	Edith Wherman	Bowie, Md.
URS AFTER OURS AFTER WITH FO DIVISION					Baren "merman	
	all	18. CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	nly one couse per line to	or (a), (b), and (c).)	c Candidles ula	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
0 14 = - 2 0 .		41992 IMMEDIA		AS A CONSEQUENCE OF	- cenauges alle	ruckers
PREST		Conditions, if any, which		13 A CONSEQUENCE OF		
O1 W. PRESI UTED WITHIN EN PENCIL IN EN REANINER IN REMOVA		gove rise to immediate couse (o) stoting the under		AS A CONSEQUENCE OF		
N ATE		lying couse last.	(4)	TO THE OTHER DETAILS OF		
DS, 36 EXECUTE IN THE STATE OF		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PART 1 (a)	
L RECORD UNID BE E: "PENDINA IEF MEDIC SED AS A HEALTH CREMATIC	NO	Dec to Fis	mellita	s Stress o	turng exerces	
AL REC	ATI	190. DATE OF OPERATION	196. CONDITI	ON FOR WHICH OPERATION V		20 AUTOPSY?
HALR SHOUL RRD "P CHIEF OF HE OF HE	IFIC		200		0	YES D NO D
N OF VITAL	CERT	210. EXTERNAL CAUSE WAS	21b. TIME OF		HOW INJURY OCCURRED LENTER NATURE OF	
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXER RITING THE WORD "PENDING" RDED TO THE CHIEF MEDICAL RE 3 SHOULD BE USED AS A BU E BEPARTAMENT OF HEALTH AN PRIOR TO BURRAL, CREMATION	MEDICAL CERTIFICATION	UNDERLYING OR CONTRIBUTING CAUSE OF		MONTH DAY YEAR		
CERTIFICATION THE CONTROL OF THE CON	EDIC	21d. INJURY OCCURRED	21e PLACE O	FINJURY (ATHOME, 21f. LC	OCATION	
DIVISI INER: THIS CERT ICATE, WRITINGS E FORWARDED TOR: PAGE 3 SH THE STATE DEPL IND, 21201 PRIOF	2	AT WORK AT WORK	STREET, FACTO	DRY, FARM, ETC.)	STREET CITY OR	TOWN COUNTY STATE
R: TI TE, 1 ORW C: PA		220. I certify that I taok char	ge of the remains desc	ribed obove, held on Auto	psy , Inspection , Inqui	y , and in my opinion
EXAMINER: CORPIFICATE CORPIE/CATE CORPIE/C				Accident . Suicide	Homicide Undetermined	
EXAMI CERTIF ULD BE DIRECT WITH		~1	100		THE SPECIFY A	
AAL DO CHE		SIGNATURE / KLSKE	TOX You	duffer	M.D. Veguely MEDICALEX	AMINER SIGNED 2 -1-79
DIC DIC NER ST		EVALUINED'S NAME	3 17	ollows		
TO MEDICAL EX EXECUTE THE CE PAGE 4 SHOUL TO FUNERAL DI AFTER DEATH, 8ALTMORE, MAI		(TYPE OR PRINT)	1570 1.1	COURTGUEL	_ADDRESS	
CH CX A A	23a. B	PECIFY)	Feb 3, 197	79 Ft Lincoln	Crematory 23d. LOCATION BY CHITY	COUNTY STATE
BP	-	remation UNERAL DIRECTOR				Pro Georges Md.
DHMH - 17 (VR A15 ME (5)) 15M 7/77	29. 5	F. Gasch's Son	s P A Tryat	ttsville, Md.	FEB 6 1979	RAR 250 REGISTRAR'S SIGNATURE
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

PHYSICIAN: The

OR ATTENDING

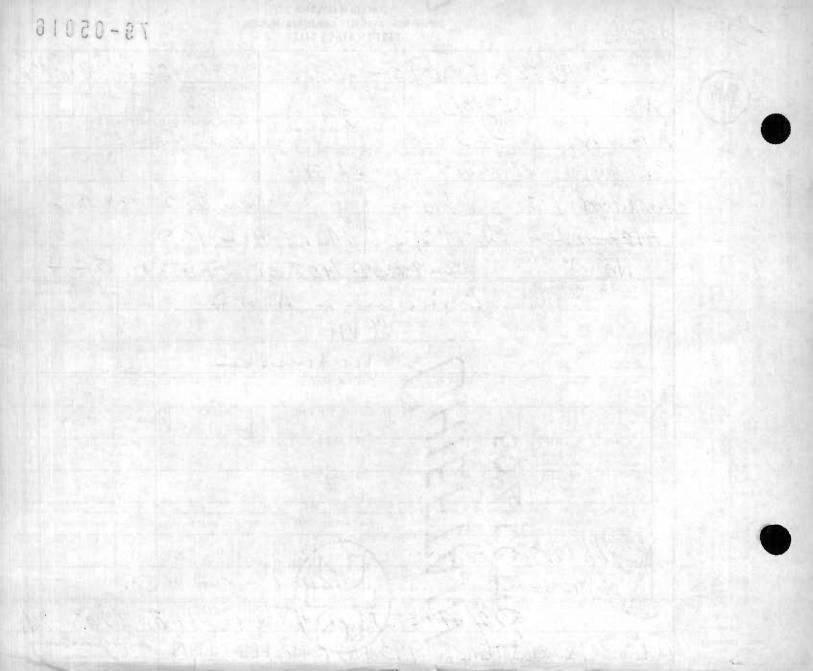
retained by the hospital or

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTICICATE OF DEATH

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		REGISTRAR		CERTIF	CATE OF DEATH	REG. N	0.		
4		CEASED NAME FIRST	MIDDLE	1	9 /1	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
,	,,,,,	5 4/11ESTA	EK (NMI)	SH	DRIEK		2-8-	79	1000 PM
	3. SE)	- 13: 10:07:	RACE	5. DATE O	F BIRTH 6	AGE (IN YEARS LAST BIRT	HDAY) IF UP	DER 1 YEAR	IF UNDER 24 HRS
	1	MALE	NEGROID	MONTH	- 23- 14	64	YRS.	HS DAYS	HOURS MIN
		RTHPLACE STATE OF FOREIGN 76	CITIZEN OF WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	BALTIMORE CITY C	R COUNTY OF	DEATH	
30	M	ARVIANT	YED-USA	WIDOWE		PRINCE (EORGE	-15	MD.
~ /	10 CI	TY OR OWN OF DEATH	. NAME OF HOSPITAL, NURSIN			120 USUAL OCCUPAT			BUSINESSOR
15	0	INDON MICH C	LINTON COMM	UNIT	V HOSAILAI	(THE OF WORKTORMOS. C	. WORKING LIFE/	NOOSIKI	
-	USU 4	AL RESIDENCE (1) NURSING HOME OR OT TATE 136 COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION	134 INSIDE CITY LIMITS?	3e STREET ANDRESS	0		. /
3£	M	ARYLAND P.G	WALGOR	35	YES NO P	Route-	2 100,	X2	16
	14. FA	THER'S NAME	DIE COLLAST		15. MOTHER'S MAIDEN NAME	1 makes		LAST	
Cel	1	flevandor	Shorter		Mary H	bulle	5	LASI	
1		VAS DECEASED EVER IN U.S. ARME		RITY NO.	17 INFORMANT	ADDRE	SS		
-		Na	220-09-	6227	1- 40201	Short	er	SA	H
		18 CAUSE OF DEATH (Enter only of PART I, DEATH WAS CAUSED B		dieni	Λ -	.10		BETWEEN O	NATE INTERVAL NSET AND DEATH
			CAUSE (0)	em	- AS	H.D.			
	100	436-	DUE TO, OR AS A CONSEQUE	NCE OF	1/1				
		Conditions, if any, which	(b)		VH -		17 3 4 7 6		
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NGE OF 1	1 - 1 - <				
160		underlying cause last.	(c)	- Cuj	tertenss	-			
	7	PART 2. OTHER SIGNIFICANT CO	nditions <u>contributing to b</u>	DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE OR CON	DITION GIVEN I	N PART 1(o	i
	OT.								
Q	ICA	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	106. IF YES, WE	RE FINDING CAUSES	GS USED OF DEATH?
1	CERTIFICATION				DATE ROLL OF	YES NO	YES [NO 🗆
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DA	YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1	OR PART 2}	
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19					
13	AED	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.)	211 LOCATION STREET	CITY OR TOV	VN C	YTHUO	STATE
	~	AT WORK AT WORK	The state of the s						
		220 1 certify that (1) (this hospital)	ottended the deceased fram_			to			hat (I) (we) lost
		saw the deceased alive an above, 1) (we) (did) (did nat) v	riew the body after death.	, an	d that in (my) (our) apinion de	oth occurred on the d	ate and hour and	d from the o	ouses stated
7.1	1	220. SIGNATURE)	05.01		DEGREE	MEDICAL STA		22c. DATE S	SIGNED
	200	111103	>121V	PGF.		MEDICAL STA			
1	1	28d. PHÝSICIAN'S NAME (TYPE OR PR			22e. ADDRESS	- t	1 ach		
1		M. 141000	361		Clinicii Col	mmuniy x	105/11		
	230 B	URIAL, CREMATION, REMOVAL	23b. DATE 0 / 100 23c N	NAME OF C	METERY OR CREMATORY	23d. LOCATION	- con	an/	sylva /
			9/24/19/2	1. B	soph Chiam	Homth	26 (nas	11145
	24 FU	INERAL DIRECTOR	OH PODYERS 1	12		REC'D. BY REGISTRAR	256. REGISTRAR	SSIGNAT	Creody
	1/ /	rama tunero	U long 17 17	100	18) 19 cosco + 1	D TO 12/2	100	/	4

DHMH-16 50M 7/77 (VR A 15 (4))



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funershould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled within 7 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, or other troumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-05017

1.	· STATE REGISTRAR			CERTIF	FICATE OF DEATH	REG. NO).			
	CEASED NAME FIRST		MIDDLE		LAST			DAY YEAR	26. HOUR	
	Barbar	a M	ae SK	EIEILE		February	7, 19	79	12:25	PM
3 SE	Female	4 RACE Whit			ber 26,1886	6. AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	HOURS MI	_
7a. BI	RTHPLACE (STATE OR FOREIGN ONNTRY)	76 CITIZEN OF	WHAT COUNTRY?		D NEVER MARRIED	9. BALTIMORE CITY O Prince-Ge	R COUNTY	OFDEATH		MD
10. CI	Hyattsville	(IF NOT IN SUC	HOSPITAL, NURSING	HOME (OR OTHER INSTITUTION Home	12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O Housewi	WORKING LIF		OF BUSINESS	OR
USU.	AL RESIDENCE (IF NURSING HOME OF STATE 136. COU		GIVE RESIDENCE BEFORE AC CITY OR TOWN heverly	OMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 2804 Cre	st av	·e		
14 FA	ATHER'S NAME Richard	MIDDLE .	Ruth		15 MOTHER'S MAIDEN NAMERS TO MARY	WIDDLE		etrich	st	
		RMED FORCES?	166 SOCIAL SECURI		17 INFORMANT	ADDRE		34.3		
	NO		5792 4833	8	Marian S Cur	ran Che	verly	Md.	F141-33	
CERTIFICATION	Conditions, if any, which gove rise to immediate cause ial, stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	(c) CONDITIONS <u>C</u>	R AS A CONSEQUEN ONTRIBUTING TO DE	ATH BUT		INAL DISEASE OR CONI		'EN IN PART 1(D. V.	
FICA	19075	178. COND	A A L	d	os Con	YES NOTOFS!		YING CAUSES		
MEDICAL CERT	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE LIFE ETHER, NOTIFY MEDICAL EXAMINER 210. IN JURY OCCURRED	P. 21e PLACE	M. MONTH DAY M. OF INJURY	19	211. LOCATION STREET		Y IN ITEM 18, P			
¥	AT WORK NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, FAR	M, ETC.)	SIRCE1	CITY OR TOV	IN .	COONTY	STATE	
	22a.1 certify that (I) (this hasp sow the deceased alive or above, (I) (we) (did) (did no	2.6	19 7	19	nd that in (my) (our) opinion (death occurred on the de	7		that (I) (see) causes stated	
	22b. SIGNATURE	In A	chre		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC		22c. DATE	SIGNED.	
4	220. PHYSICIAN'S NAME (TYPE	. ,	EHGE		63 OV Ru	eralal Y.	21 Pa	Peru	lels.	
23a. I	BURIAL, CREMATION, REMOVAL SPECIFY) REMATION	FEB 8	1979 FOR	ME OF C	CEMETERY OR CREMATORY	138 LOCATION CITY OF TOWN TO		P. G.	Md	
74 F	LINERAL DIRECTOR				25g. DAT	E REC'D. BY REGISTRAR	25b. REGIST	RAR'S SIGNAT	TURE .	

Tisville, Md

BP______ DHMH - 16 50M 7/77 (VR A 15 (4))

retained by the haspital or attending physician

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MPORTANT: If Hem 21 is morked or Item 18 shaws ony

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70-05018

Brentwood P.G.

Md.

		REGISTRAR				CERTIF	ICATE OF DEAT	H	REG.	NO.	3	0 3 0	, , ,	
i		CEASED NAME	FIRST	A	AIDDLE	L	AST		e DATE OF DEATH		DAY	YEAR	26 HOL	R
	(111)		TACY		g um	SK	CIDMORE			02	24	79	8:4	OA M
	3 SEX			White		Jan.		EAR 6	AGE (INYEARS LAST	BIRTHDAY)	MONTH	DER I YEAR	IF UNDER	24 HRS MIN
1	7a. BII	RTHPLACE (STATE OR FO DUNTRY) Irginia	DREIGN	U.S.	WHAT COUNTRY	? 8 MARRIEI WIDOWE	D NEVER MARRI	ED 📙	PRINCE (OR COUN	TYOFD	EATH		MD.
1	(TY OR TOWN OF DEA		PRINCE	H FACILITY, GIVE STREE	T ADDRESS)	AL HOSPITA		Hotal OCCUPA Building	ATION TOF WORKING TO	und	KIND	ove 1	ss or men
5	M	aryland	136 COUN	ITY	Riverd	WN	13d. INSIDE CITY LIA YES 🎛 NO [_	3e STREET ADDRES	s eens b	ury	Roa	.d	
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	23e. B	URIAL, CREMATION, Burial	REMOVAL	23b DATE 2/27/		NAME OF C	EMETERY OR CREMA		23d. LOCATION CITY OR TOWN Bren	twood	COUNT	TY G-	S1/	ATE M.d.

4FY Casch's Sons Funeral Home, P.A.

Hyattsville, Maryland

DHMH - 16 50M 7/77 (VR A 15 (4))

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70-05020

REGISTRAR			CERTIFI	CATE OF DEATH	REG. N	0.13	0 0 0	L 0
1 DECEASED NAME	FIRST	AIDDLE	LA	ST	20. DATE OF DEATH		YEAR	2h HOUR
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3 SEX Female	Cauca		S. DATE O		6. AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
76. BIRTHPLACE (STATE OR FOR COUNTRY) West Virgin		WHAT COUNTRY?	MARRIED WIDOWEL	NEVER MARRIED D	9. BALTIMORE CITY OF	R COUNTY OF		MD.
10 CITY OR TOWN OF DEAT CHEVERLY	H 11. NAME OF I		HOME O	ROTHER INSTITUTION	120 USUAL OCCUPAT ITYPE OF WORK FOR MOST OF Housewi:	ION OF WORKING LIFE)		F BUSINESS OR
			ADMISSION)	13d INSIDE CITY LIMITS? YES NO [x 251		
Patrick	WIDDLE	Sopsher	P. V	Laura	WIDDLE		Doby	7
160 WAS DECEASED EVER IT	N U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	235 36		Billy Smit	ADDRI th Roderf:		.Vir	gin i a
	which ediate the lost DUE TO, O	R AS A CONSEQUEN	NCE OF	OT RELATED TO THE TERMI		DITION GIVEN	IN PART III	1
190 DATE OF OPERATI	ON 196 COND	TION FOR WHICH C	OPERATION .	WAS PERFORMED	200 AUTOPSY?	206. IF YES, WIN CERTIFYIN	NG CAUSES	
	SUSE OF DEATH HOUR A.	M. MONTH DAY	Y YEAR	21c. HOW INJURY OCCURR	ED JENTER NATURE OF INJU	RY IN ITEM 18, PART	1 OR PART 2}	
JIF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRE WHILE, NOT WHI AT WORK AT WOR	LAT HOME STE	OF INJURY REET, FACTORY, OFFICE, FAI	RM, ETC.)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
sow the deseased	this hospital) attended the delive on the things of the delivers of the things of the	1979	7. on	d that in (my) (our) apinion o	death occurred on the d	5 , 19. ate and hour o	,	that (I) (we) last couses stated
22b. SIGNATURE	All fu	eeney	i Ju	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN [22c. DATE	SIGNED 79
22d. PHYSICIAN'S NAI Gerar	ME (TYPE OR PRINT) d Sweeney	0	The s	220 ADDRESS Prince Ge	orge Host	ital (Cheve	rly.Md.

231. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

IMPORTANT: If he

Ieager Cemetery Roder 250. Day FR. CO. BY REGSTRAR 2/7/1979 Burial
24 FUNERAL DIRECTOR Nalley Funeral Home Mt. Rainier, Md.

236. DATE

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

23d LOCATION

Roderfield McDowell, W. Va.

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	9/25/1970		
PRINCE GLORGE'S COUNTY		• • • •	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME. DATE KNOWN 2b. HOUR (TYPE OR PRINT) ESTI OF DEATH MATED 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 6. AGE (IN YEARS DATE MONTH PRONOUNCED PRESTON DEAD TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BATTIMORE CITY OF COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED 1 DIVORCED SHOULD BE FILED, KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. (IF NOT IN SUCH FACILITY .. OWE STREET OR INDUSTRY (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) RECORDS, USUAL RESIDENCE PR. Geo. 13a. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS YES X NO [] OFWITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 1 AND FORM 7 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? **ADDRESS** DIVISION (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NONE CAUSE OF DEATH (Enter only one cause per time to APPROXIMATE INTERVAL (a), (b), and (c).) MENTAL HYGIENE, D PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF REMOVAL BURIAL-TRANSIT Canditions of any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. 301 OR AND AS A BUR ALTH AND EMATION, MEDICAL PART 2 MAKER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION CREM, USED 190 DATE OF OPERATION 出 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 3 SHOULD DEPARTMENT OF H OF YES NO 🗌 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING 9 CONTRIBUTING CAUSE OF DEATH P.M. 19 21201 PRIOR 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION (AT HOME, TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDS TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 22a I certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry and in my opinian ARYLAND. death resulted fram: Natural causes Accident Hamicide Undetermined manner Suicide ACTUAL Ž SIGNATURE MEDICAL EXAMINER BALTIMORE, TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236. DATE 250 DATE REC'D. BY REGISTRAR DHMH-17 20M 1/73 24 FUNERAL DIRECTOR (VR A15 ME (5))

FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-05022

REGISTRAR LAST DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) Ronald C. SMITH February 20, 1979 4:00 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 1 SEX IF UNDER 1 YEAR IF UNDER 24 HRS 1973 2, MALE BLACK NOV. To BIRTHPLACE STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WASH. D.C. U.S.A. Prince Georges County WIDOWED 10 CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY GlennDale Hospital Glenn Dale NONE NONE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 136 COUNTY 136 CITY OR TOWN 13e STREET ADDRESS 1305 CLIFTON ST. N.W. #3 D.C. WASH. WASH. 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST FIRST MIDDLE HENRY WHITLEY BRENDA SMITH 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS WASH. (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) NONE LOIS SIMMS NEW YORK AVE. N.W. D.C. NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY Acute respiratory failure Hours IMMEDIATE CAUSE (0) OR AS A CONSEQUENCE OF Chronic bilateral subdural hematoma 100 4 years Conditions, if ony, which gove rise to immediate couse (0), stoting the DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Convulsive disorders 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX YES [NO [710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER! P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION 5 COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE Sept Feb 220.1 certify that (K(this haspital) attended the deceased from. sow the deceosed alive on Feb. 20 obove, (K(we) (did) (akkba) view the body after death and that in XX (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 22b. SIGNA DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Feb. 20, 1979 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 220 ADDRESGlenn Dale Hospital MPORT James W. Wills, M.D. Glenn Dale, Maryland 20769 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE STATE SUITLAND. 2-28-1979 Wash. Nat'l Cem. P.G.C. Md. BURIAL 24 FUNERAL DIRECTOR WASH. D.C.

Ilth ST. S.E.

W. CHAMBERS CO. 517

DHMH - 16 60M 1/75

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(VR A 15 (4))

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FOR

- STATE

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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18. CAUSE OF DEATH IN NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION CROSS OF WORKING WITH TO PART 10 THE SIGNIFICATION OF RESONANCE WITH THE SIGNIFICATION OF RESONANCE	FOR	EIGN COUNTRY)			T COUNTRY?			RRIED L		-		
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13. STREET ADDRESS 15. STR		9		Prince (George Ger		Hospital	FOR M	echnic	ian	Med	ical
18. FATHER'S NAME N	13a. ST	ATE _	1136 COUNTY		13c. CITY OR TOWN .	13				A SEP		
Earlie Burgess ITas Parent ADDRESS First Fir			PI	Je 0						mont :		
16. MAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 217 60 7508 Robert W. Stephen (Hus) Same as 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Acute methadone intoxication MASSING CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stoting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENC		FIRSY		IDDLE			FIRST		MIDDLE	Pare		
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DUE TO, OR AS A CONSEQUENCE OF ying cause lost.				DUE TO, OR A	S A CONSEQUENCE (OF.					7	
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AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Inspection I, Inquiry I, and in my apinion death resulted from: Activate I took charge of the remains described above, held an Autopsy Inspection I, Inquiry I, and in my apinion Undetermined manner I, TITLE (SPECIFY) ACTUAL SIGNATURE INTERIOR MADICAL EXAMINER SIGNED 2/5/7 EXAMINER'S NAME (TYPE OR PRINT) Margarita A. Korell, M.D. Address 111 Penn Street, Balto., MD 21201 230. BURIAL CREMATION, REMOVAL 236. DATE 1230. RURAL CREMATION, REMOVAL 236. DATE 1230. NAME OF CEMETERY OR CREMATORY 1230. LOCATION		UNDERLYING	OR	HOUR A.M.	MONTH DAY YEAR	? Zic. HOV	V INJURY OCCUR	(KED (ENIEKN	ATURE OF INJURY IN	SEM 18 PART LORP	'AKI 2}	
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death resulted from: Natural couses Accident , Suicide , Homicide , Undetermined manner , ACTUAL SIGNATURE	2	AT WORK AT	WHILE D		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
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236. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION			lla	yete b	rea Jun	M.D	Assistan	tMEDI	CALEXAMINER		VED	2/3/13
	س	SIGNATUREEXAMINER'S NAMI	Marga	y to barita A.	Korell, M.	77.0		MEDI		SIGN		

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STATE OF MARYLAND

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	1 -	STATE REGISTRAR			DEPARIN		ICATE OF DEATH	REG. N	1 0	- 020	21
		CEASED NAME OR PRINT)	MARG.		A.	STUBE	ast BS	20. DATE OF DEATH	02-07-		3PM M
	3. SE)	female	4	white		5. DATE C		6. AGE (IN YEARS LAST BII	YRS.	ONTHS DAYS	HOURS MIN.
1	CC	RTHPLACE (STATE OR FO		US	MHAT COUNTRY?	WIDOWE		PRINCE GEO	RGE'S	COUNTY	MD.
4	CH	EVERLY		PRINCE	"GEORGE"	HOSE	PITAL	(TYPE OF WORK FOR MOST Secreta	OF WORKING LIFE	INDUSTRY	F BUSINESS OR
3	13a. S	AL RESIDENCE (IF NURSITATE Md	13b COUNT	other institution, ty eorges	Hyattsvi	N	13d INSIDE CITY LIMITS? YES NO		rwood I	Road	
4	14 FA	THER'S NAME FIRST Euger	ne Eng	el	LAST		15. MOTHER'S MAIDEN NAM	Quinlan		LAS	T
		VAS DECEASED EVER	IN U.S. ARM	AED FORCES?	478 20 S		Snoden A Stu	abbs Hyat	tsville	e, Md.	
		18 CAUSE OF DEAT PART I. DEATH W		BY.	—	STEN	n compr	(no: 223		BETWEEN C	MATE INTERVAL
	0.0	Conditions, if any		DUE TO, OI	AS A CONSEQUE	NCE OF		TO DORA	gW		
		couse (o), statin underlying couse	ng the lost	(c)	NAS A CONSEQUE	(0	MOUNT				
	NOIL					• /	NOT RELATED TO THE TERM			1	
7	CERTIFICATION	19a DATE OF OPERA				OPERATIO	N WAS PERFORMED	200. AUTOPSY?	IN CERTIFY YES		OF DEATH?
7	CAL CE	216. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEAT	HOUR A.	M. MONTH DA	YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM 18, PA	RT 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCUR	HILE 🗆	21e. PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION STREET	CITY OR TO)wn	COUNTY	STATE
		sow the access obove (1) (we) (ed olive on	217	19 4	19 .01	nd that is (my) (pur) opinion	death occurred on the	date and hour	and from the	that (1) (we) last causes stated
		226 SIGNATURE	145	26	Taly 1	10	DEGREE ATTENDING PHYSICIAN [MEDICAL STA	AFF ICIAN (1)	22c. DATE 2	SIGNED 7 179
		WILL		PRINT)	EAH-1	m.D	6201625	ENBELT	Rd. C	olica	PKZOTU
	23a. 8	SURIAL, CREMATION, SPECIFY) Buria		23b. DATE Feb 10	23 c. N	NAME OF C	of Heaven	Silver	Springs	COUNTY Montg	omery Md
	0.1.01						DE- DAT	E DECID DY DECICTOA	DIREL DECICAL	ADIC CICALAT	LADE

F. Gasch's Sons P A Hyattsville, Md

DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in by should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 shauld be file

should be detoched for use as the burial-transit permit. Then please remove carbangage with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

IMPORTANT: If Hem 21 is morked or Item 18 shows any

injury, or other troumotic event, the medical extension

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wines, tredt p. aller 1000	Application No. 4 (no.		fe Patria

FOR - STATE

	STATE	OF N	ARYL	AND
DEDADTMENT	OF HE	ALTE	AND	ARPAI

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-05028

		REGISTRAR				CEKITI	ICATE OF DEATH	REG.	NO.		
		CEASED NAME	FIRST	,	MIDDLE	· ·	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	(1117	CORPRINT)	CORA	F		SUL	LIVAN		02-1	3-79	8.30F
	3 SE	X		RACE White		5. DATE C		6. AGE (IN YEARS LAST B	RTHDAY}	IF UNDER I YEAR	
	. 3	F		MIITE		Aug	. 3,1902 YEAR	76	YRS.	MONTHS DAYS	HOURS
05-	14. B	IRTHPLACE STATE ORF	yland	TO CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
5				0.021		WIDOWE	DECK DIVORCED	PRINCE GE	ORGE'S	COUNTY	ſ
notified 14		ITY OR TOWN OF DE HEVERLY	ATH	II. NAME OF H	HOSPITAL, NURSIN THE FACILITY, GIVE STREET A E GEORGE	S GEN	DROTHER INSTITUTION	120. USUAL OCCUPA (TYPE OF WORK FOR MOST NOUSEW1:		FE) INDUSTRY	OF BUSINESS (1 1e
and the second	13a	AL RESIDENCE (IF NUR STATE Md	135 COUN HOW	TY	GIVE RESIDENCE BEFORE	ADMISSION) N	13d. INSIDE CITY LIMITS? YES NO	13e SIREEI ADDRESS 821.2 Res	ervoir	Road	
exposine (%)	14. F	ATHER'S NAME Horac	e Wesl	ey Soud	ier LAST		Susanna A	A. Gidding	5	L/	AST
hedical	-	WAS DECEASED EVER YES, NO OR UNKNOWN) 10		MED FORCES? WAR OR DATES)	21.8 1.4		17 INFORMANT Patsy Scaggs		above		
the the		IN CAUSE OF DEAT	H (Enter onl	y one couse per	line for (a), (b), and	d (c)				APPRO	XIMATE INTERVAL
ven ven		PART I. DEATH V	VAS CAUSEL	CALISE (-)	ram NE	Fa a. TI	UE hacters	EMIA		0.7	
ė U		1 2 511	IMMEDIATI	CAUSE (0)		9	7.6.61.3				
Jot		0384	100	DUE TO, OF	R AS A CONSEQUE	NCE OF				3.	
200	-	Conditions, if ony	, which	((b)		1960					
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the			ng the e last.	DUE TO, OF	R AS A CONSEQUE	NCE OF					
5		0.107.0.6		(c)							
207	Z			/	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM			,	101
2	CERTIFICATION	DIABETES			TURKINS	Un151		ferotic ear			1) (958)
200	N	19a DATE OF OPERA	HON	198 CONDI	IIION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTI	S, WERE FIND FYING CAUSE	S OF DEATH?
WOL -	E				4-24	Tal glass		YES NO	YF	ES 🗌	NO 🗌
188	U	210. ACCIDENT WAS UN	-	1 110110 1		VE AD	21c. HOW INJURY OCCURR	RED JENTER NATURE OF IN	JURY IN ITEM 18.	PART 1 OR PART 2)	
EG		OR CONTRIBUTING		TH HOUR A.	M. MONTH DA	YEAR 19	EN TOWN				
±/	MEDICAL	21d INJURY OCCUR		21e PLACE		19	21f LOCATION				
Po	ME	WHILE NOT W	HILE		REET, FACTORY, OFFICE, FA	ARM, ETC.)	STREET	CITY OR T	OWN	COUNTY	STATE
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21		obove, (I) (we)	did) (did not			, 01		decili occurred on the	adre and not	or one from the	e causes stated
He		226. SIGNATURE	11	1		10-1	DEGREE			22c. DAT	E SIGNED
100		Reedl	Cri	stoffe	\i	m	ATTENDING PHYSICIAN AT	MEDICAL ST	AFF	2/	1/79
2	1	224 PHYSICIAN'S N	AME ITYPE OF	PRINTI		2 117	1224 ADDRESS			2	71
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≦—	23a.	BURIAL, CREMATION		23b. DATE		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			,
	1	SPECIFY) Burial					uel Cemetery	Scaggs	71110	COUNTY	STATE
		D 0				-	/	E REC'D. BY REGISTRA			TUDE
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STATE OF MARYLAND 79-05030 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME 26 DATE OF DEATH 26 HOUR (TYPE OR PRINT) :50P.M. 02 01 79 SUTHERLAND RUSSELL DALE 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDER 1 YEAR 18 27 YEAR Caucasian HOURS Male 02 O. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Prince Georges Kentucky USA WIDOWED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SOUTHERN MARYLAND HOSPITAL CENTER Construction Clinton BALTIMORE, MARYLAND 21201 136 COUNTY 13d INSIDE CITY LIMITS? 0945 Piscataway Rd. Clinton Pr. Geo. Md. YES X 4. FATHER'S NAME S MOTHER'S MAIDEN NAME MIDDLE Clifford Sutherland Burl Anderson ADDRESS 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 78 30 2924 W.W.II Celie Sutherland, Wife, Same as Above Yes 18 CAUSE OF DEATH (Enter only one couse per line for 10), ib , and ic PART I. DEATH WAS CAUSED BY MONIT DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., HISTIOUTIC TYPE Conditions, if any, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? pel NOF YES [NO F 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 211 LOCATION 0 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22g. I certify that (I) # of otterded the deceased from sow the deceased alive on (our) opinion death accurred on the date and hour and from the causes stated SIGNATURE DEGREE ATTENDING MEDICAL MEDICAL STAFF
DIRECTOR PHYSICIAN 生 ould b IMPORTA 236. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY OCATION Suitland, P.G., Maryland Wash. Natl 24 FUNERAL DIRECTOR Robt 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S BIGNATURE Wilhelm_{ADDRESS} 4308 Suitland DHMH - 16 60M 1/75 (VRA 15 (4)) Funeral Home Rd., Suitland, Md

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTLAND 21201	LAND 21201
TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be executed within 24 hours ofter death. Page 4 may be executed within 24 hours ofter death. Page 4 may be executed within 24 hours ofter death.	hin 24 hours ofter death, Page 4 may 6
The Foundation of the Common properties of the Common of the Common of Commo	sly filled in by the funeral director, page should be filed within 72 hours after dear

FOR
STATE
REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-05031

1 DE														
	ECEASED NAME E OR PRINT)	ERTHA		V.	^	EENEY		2a. DATE OF D	EATH MO	2	13	79	26 HOU	
3 SE	Female		Caucas	ian	5 DATE	OF BIRTH	1899	6. AGE (IN YEAR	S LAST BIRTHD		IF UNDE	DAYS	IF UNDER	MIN.
	IRTHPLACE (STATE OR F COUNTRY) Penna.	OREIGN 7	U.S.A		TRY? 8 MARRIE WIDOW		MARRIED	PRINC	_	RGES	^	ATH JNTY	,	٨
e n	ITY OR TOWN OF DE	ATH [HOSPITAL, NU H FACILITY, GIVE S LELAND	STREET ADDRESS) EMORIA	11	PITAL	120 USUAL OC (TYPE OF WORK FO House	CUPATION OR MOST OF W EWITE	V ORKING LIF	FE) 12b.	KIND O USTRY	F BUSIN	ESS C
USU 13a	STATE Md.	136 COUNT	Geo.	134_CITY OR		13d. INSIDE	CITY LIMITS?	13e. STREET AD	DRESS Fred	lerio	ck R	d.		
4	ATHER'S NAME FIRST Phili	0	DDLE	McCa		15. MOTHER	rs maiden na First Nellie		MIDDLE		Fa	ins ina		
16a. \	WAS DECEASED EVER (YES, NO OR UNKNOWN) NO	IN U.S. ARM	ED FORCES? VAR OR DATES)	217-46	-6987	Mrs.		. Khan -	abov		idre	SS		
	Conditions, it any	which	(in 1	to No	20/1/0	1 PM	1/201 an	212						
ICATION	Conditions, if any gove rise to im couse (o), stori underlying coust page 20 DATE OF OPERA	mediate ng the e lost. NIFICANT CO	ONDITIONS CO	CUI ONTRIBUTING	EQUENCE OF TO DEATH BUT LE MAR HICH OPERATIO	. 4	Hooalb	niples inal disease communications 200 autops	Miles	Ob. IF YES	Co.	FINDIN	M CE	D
MEDICAL CERTIFICATION	gove rise to im couse 101, stort underlying couse PARI 2 OTHER SIG	mediate mediat	DNDITIONS CO 19b. COND 21b. TIME C HOUR A. P. 21e PLACE	ONTRIBUTING ITION FOR WI OF INJURY M. MONTH M. OF INJURY	A DE TO DEATH BUT Lever	DN WAS PERFO	ISOALB ORMED NJURY OCCURI	200 AUTOPS YES NED (ENTER NATUR	MC 2	Ob. IF YES	S, WERE	FINDIN CAUSES	M CO IGS USE OF DEA NO	D TH?
	gove rise to im couse (o), stati underlying couse (o), accident was un or contributing (if either, notify medicity couse (if either, notify medicity couse (o), stati underlying couse (o), stati underlying couse (o), accident was underlying couse (o), acc	mediate mg the e lost. NIFICANT CO TION DERLYING CAUSE OF DEAT CALEXAMINER) RED (this hospite ed olive on did) (did not)	DNDITIONS COME 19b. COND 1	DNTRIBUTING ITION FOR WI OF INJURY M. MONTH M. OF INJURY REET, FACTORY, OF	DAY YEAR 19 FFICE, FARM, ETC.)	21c. HOW II	IDN 1978 (OUT) OPINION ATTENDING PHYSICIAN	200 AUTOPS YES NED (ENTER NATUR	MULTING TOWN	VE NIEM 18, P.	COU	PART 2)	IGS USE OF DEA' NO [TATE

DHMH - 16 50M 7/77 (VR A 15 (4))

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IMPORIANT: If them 21 is marked or frem 18 shows any

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70-05033

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GS USED OF DEATH?
STATE
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2/28/79

22e ADDRESS

Magnolia Gardens

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Leon Levitsky

236 DATE

9013 Annapolis Rd. Lanham, Md. 20801 Will

23d LOCATION CITY OR TOWN Herndon, 23c. NAME OF CEMETERY OR CREMATORY

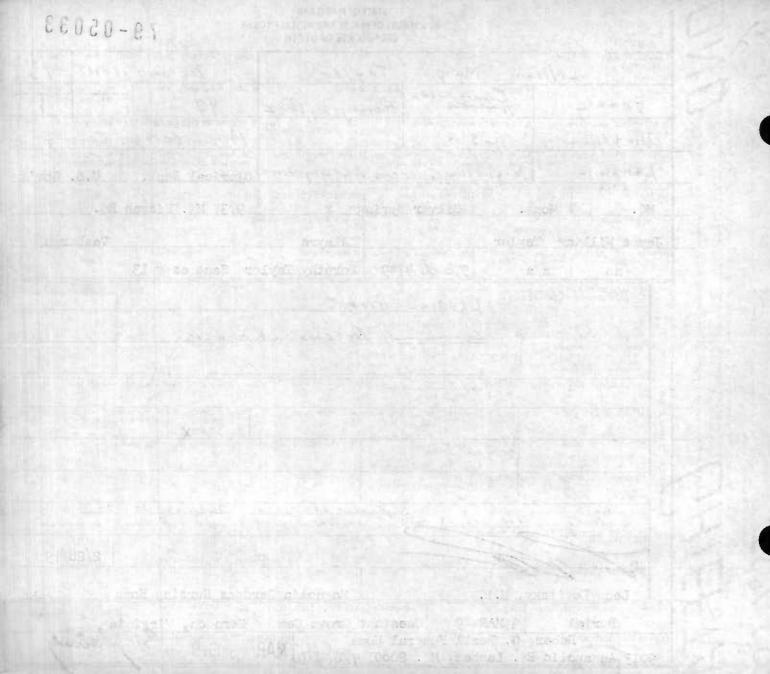
23a BURIAL, CREMATION, REMOVAL Herndon, Virginia

1250 Date REC'D. BY REGISTRAR 254 AG BIRAR 5 1979 3 MAR Burial Chestnut Grove Cem 24 FUNERAL DIRECTOR Robert G. Beall

DHMH - 16 50M 7/77 (VR A 15 (4))

TO HOSPITAL

TO FUNERAL DIRECTOR: After this certificate has ATTENDING



DHMH-16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

79-05034

	1 -	FOR STATE REGISTRAR	DEPARTM		ICATE OF DEAT		ENE REG. NO	1 0	-050	3 4	
		CEASED NAME FIRST	MIDDLE		AST				DAY YEAR	26. HOUR	
	,,,,,	JACOB	Н	THO	MPSON			2 2	. 79	11:30	1AM
	3 SEX	Male	4 RACE Black	5. DATE O			6. AGE (IN YEARS LAST BIRTI	N	IF UNDER 1 YEAR	HOURS A	HRS MIN
11		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	D X NEVER MARRI	ED 🗆	PRINCE GEO			,	MD.
4		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN INF NOT IN SUCH FACILITY, GIVE STREET A PRINCE GEORGE'S	GEN		ON	17a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Mechanic	NC	126. KIND O		5 OR
6	130. S	Maryland Dist	other institution, give residence before NTY 13c. CITY OR TOWN Crict Heights		13d. INSIDE CITY LIV YES NO	_	7015 Gat	eway	Boule	vard	
00		Jacob H. Thor	mpson LAST			lyn I	Harley		tas	T	
		VAS DECEASED EVER IN U.S. AR VES NOOR UNKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIAL SECUL E WAR OR DATES) 577 64		17. INFORMAN 7 (8 Juan)	015 (ita :	Gateway ^{oo} B Thompson-	fvd. wife			
			olly one couse per line for (a), (b), and D BY:	ra l	Hema	022	nege		APPROXI BETWEEN O	MATE INTERVA ONSET AND DE	Alh
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE	+	noieus				Anno	Desch	Litz
3	CERTIFICATION	PART 2 OTHER SIGNIFICANT (196. CONDITION FOR WHICH				VAL DISEASE OR COND	20b. IF YES	, WERE FINDIN	GS USED	?
	RTIF						YES NO	YES		NO 🗌	1
7		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		Y YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18, PA	ART I OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.)	21f. LOCATION STREET		CITY OR TOW	И	COUNTY	STATE	ε
		sow the deceased alive on	tal) attended the deceased from	7	28, 19 and that in (my) (our)		, to eath occurred on the do			that (I) (we couses state	,
	222. SIGNATURE ATTENDING & MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 2									L 7	1
		Joseph Joseph	Cotal A Mi		PGGH +	mc.		(y M	D 20	785	
	23a. B	Burial (REMATION, REMOVAL	23b. DATE 23 Li	nco	n Memori	ial (23d LOCATION Cemetery	Suilt	EMMG'W	aryl	and
-		DINERAL DIRECTOR DE LA CONTRACTOR DE LA	al Home-4001 B	enni		2 1	BEC'D BY REGISTBAR	256. REGISTI	PAR'S SIGNAT	YRE andly	

79-05034			
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

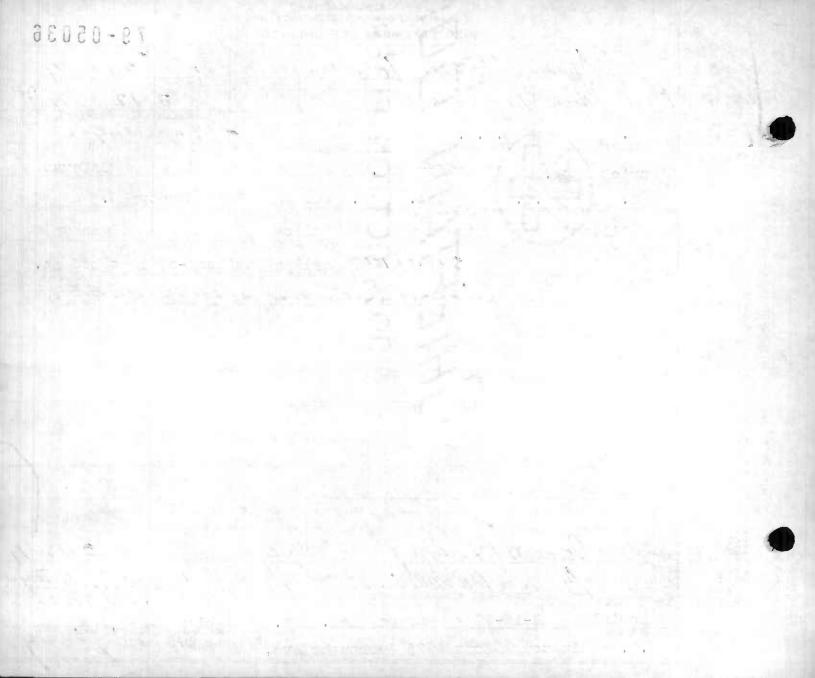
	FOR STATE REGISTRAR			DEFAR		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	3 - U	203	,
	I. DECEASED NAME	FIRST		MIDDLE	L	AST	20. DATE OF DEATH	MONTH DA	AY YEAR	2b. HOUR
	(TYPE OR PRINT)	EMORY		N.	THRI	FT		02- 07-	- 79	3:50A
	3 SEX		I. RACE		5. DATE C		6 AGE LIN YEARS LAST BIR	V - V /	IF UNDER 1 YEAR	IF UNDER 24 H
ч	Male		White		MONTH	c 9, 1903	75		ONTHS DAYS	HOURS MI
	70. BIRTHPLACE STATE O	R FOREIGN 7	L CITIZEN OF	WHAT COUNTRY			9 BALTIMORE CITY C	YRS.	OFDEATH	
2	COUNTRY)	N ONLION			MARRIE	NEVER MARRIED				_
4	Virginia 10. CITY OR TOWN OF D	CATH 1	US		WIDOWE		PRINCE GE			
4	CHEVERLY		PRINCE	GEORGE GEORGE	HOSPITAL, NURSING HOME OR OTHER INSTITUTION HEACHITY, GIVE STREET ADDRESS) GEORGE S GEN. HOSPITAL		17a USUAL OMAINT (TYPE OF WORK FOR MOST O Cabinet M	of working Life)	INDUSTRY US	Gov
6	USUAL RESIDENCE (IF NO 130 STATE Maryland	13b. COUN'		13c CITY OR TO Hyatts	OWN	13d INSIDE CITY LIMITS? YES MO	13e STREET ADDRESS 3604 Lon	ngfell	ow Str	eet
4	14 FATHER'S NAME FIRST John	Ř	DDIE Th	rift		15 MOTHER'S MAIDEN NAMER STATE MA	MIDDLE	?	LAST	
	160 WAS DECEASED EV			166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDR	ESS		
	(YES, NO OR UNKNOWN)	{IF YES, GIVE	WAR OR DATES)	216-44	-9241	Mary A.	Thrift (wi	fe) sa	ame as	above
1	18 CAUSE OF DE PART I. DEATH		CAUSE (a)	Septicem	are sho	CK				
	Canditions, if all gove rise to it cause (a), sto underlying cause PART 2. OTHER SI	IMMEDIATE ny, which mmediate ting the use last. GNIFICANT CO	DUE TO, C (b) DUE TO, C (b) (c) ONDITIONS C	OR AS A CONSEO	DUENCE OF O DEATH BUT	y Edema & Con	inal disease or con			
1	Canditions, if all gove rise to it cause (a), sto underlying cause PART 2. OTHER SI	IMMEDIATE ny, which mmediate ting the use last. GNIFICANT CO	DUE TO, C DUE TO, C DUE TO, C (c) ONDITIONS C	OR AS A CONSEO OR AS A CONSEO ONTRIBUTING TO	DUENCE OF O DEATH BUT	y Edema & Con	INAL DISEASE OR CON 20a AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDIN	GS USED
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1	PART I. DEATH Conditions, if an gove rise to it cause (a), sto underlying cause (b), sto underlying cause (c), sto underlying	IMMEDIATE ny, which mmediate ting the usse last. GNIFICANT CO RATION CAUSE OF DEAT CAUSE OF DEAT	DUE TO, C DUE TO, C DUE TO, C (c) 19b COND 21b TIME C HOUR A P 21e PLACE	OR AS A CONSECUTE PURCHASE AS A CONSECUTE PURCHASE A CONSECUTION FOR WHICH CONTRIBUTION FOR	DUENCE OF DUENCE OF O DEATH BUT CH OPERATION DAY YEAR 19	y Edema & Con	INAL DISEASE OR CON 20a AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES JRY IN ITEM 18, PAI	WERE FINDIN	GS USED OF DEATH?
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DHMH - 16 50M 7/77 (VR A 15 (4))

should be detached far use as the burial-transit permit. Then please remave carban pape with the State Dept. of Health and Mental Hygiene priar ta burial, cremation, ar remaval

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		1	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
6		1	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NOT 9 -	05036
	7 S 2 5		CEASED NAME FIRST Andre	ew Michael Tilghman 20. Date known of Month	DAY YEAR 2b. HOUR
	OUR FILE ON SIE	3. SE	Tale Blick	S. DATE OF BIRTH MONTH DAY YEAR YEAR YEAR YEAR YEAR YEAR YEAR YE	1979 35 M
•	NECESSA FUNERA 5 FOR WITHIN	FC	RTHPLACE (STATE OR REIGH COUNTRY) Md.	16. CITIZEN OF WHAT COUNTRY? 18. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY	MD MD
	DELAY IS NI TO THE FU N PAGE 5 N PAGE 5	Di	strict Hots		or industry Safeway
21201	AND 3 RETAIN RETAIN		TATE 113b. COUN'	or other institution, give residence before admission) NTY 13c. CITY OR TOWN Dist. Hgts. 13d. Inside (ITY LIMITS? YES X NO) 2015 County Rd	•
E, MD.	PIN S 1, S 1	14. F.	ATHER'S NAME WILLIAM		nknown)
ALTIMOR	URS AFTER DE B. GIVE PAGE WITH FORM PAGES 1 AN DIVISION OF	16a. \	VAS DECEASED EVER IN U.S. ARA ES, NO, ORUNKNOWN) (IF YES, GIVE '	E WAR OR DATES)	wood St.
1 ST., B/			PART I DEATH WAS CAUSED	inly one cause per line large), (b), and (c).) ED BY: ATE CAUSE (a) Les Serves Clevite Conded Vasculer der	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RESTON	7 4.01		Canditions, it any, which gave rise to immediate	DUE TO, OR AS A CONSEQUENCE OF	
/ 101 W. P	N PEN EXAM SIAL-TR OR RE		cause (a) stating the under- lying cause last.		
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD.	"PENDING" IN "PENDING" IN EF MEDICAL E SED AS A BURI HEALTH AND CREMATION, C	NO	PART 2 OTHER SIGNIFICANT CONDITIONS	S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
TAL REC		IFICATI	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY? YES NO
ONOFV	CERTIFICATE SHOTING THE WORD FED TO THE CH 3 SHOULD BE UDEPARTMENT OF PRIOR TO BURIAL.	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR DEATH P.M. 19	
DINISIG		MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME. 21f. LOCATION	UNIY STATE
	INER: THIS ICATE, WRI FORWARI TOR: PAGE THE STATE ND, 212011		22a. I certify that I took charg	rge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my ap	pinian
	L EXAMINE E CERTIFICA OULD BE FOUND BE		ACTUAL SIGNATURE OLUM	NOTO A COMPRISON TITLE SPECIFY DATE	2-12-79
	TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL (AFTER DEATH, BALLIMORE, MY		EXAMINER'S NAME	US TO P. RODRICUST ADDRESS / V 800 WILM WING C	Evolo Tarkella
	PAG PAG AFTE BALT	23a.B	URIAL, CREMATION, REMOVAL 2	23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF TOWN	NTY STATE
	MH-17 20M 1/73 VR A15 ME (5))	24. F	UNERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR 3.5	IGNATURE CALL
,	(-//		H.S. Washingto	on & Sons 4925 Burroughs Ave, FEB 16 1919	



79-05037 AND REAL PROPERTY OF THE PROPE The street of the Month . I falmous for Parage at The The state of the s

STATE OF MARYLAND 7RE 9 NO. 05038 DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME FIRST 7a. DATE KNOWN MONTH 7b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 2-24 1979 TURNER Sr. .TAMES ANDREW 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 24. DATE 79 LAST BIRTHDAY) PRONOUNCED 5-7-01 Male Black DEAD 2, AND 3 TO THE FUNEAL
3. RETAIN PAGE 5 FOR Y
2 SHOULD BE FILED. WITHIN
AL RECORDS, 307 W. 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR MARRIED V NEVER MARRIED FOREIGN COUNTRY PRINCE GEORGES Maryland USA DIVORCED WIDOWED ID. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) (IE NOT IN SUCH EACILITY, GIVE STREET ADDRESS) Andrews AFB Engineer Malcolm Grow USAF Hospital (DOA) LISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 113b. COUNTY 134 INSIDE CITY LIMITS? 13e. STREET ADDRESS YES Y 9319 D'Arcy Road NO [George's Upper Marlboro Maryland 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME 0 GES 1. MIDDLE MIDDLE Carroli (D) AND Turner (D) Louise Frederick O. 7. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO DIVISION (YES, NO. OR UNKNOWN) (IF YES GIVE WAR OR DATES Same as Item #13e Lottie L. Turner (W) 579-12-4549 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH Arteriosclerotic cardiovascular disease PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (n) × Diabetes Mellitus CERTIFICATION 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES | NO [8 3 SHOULD BE DEPARTMENT 71n EXTERNAL CAUSE WAS 71h. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M TIE. PLACE OF INJURY (AT HOME. 21f. LOCATION 71d. INJURY OCCURRED STREET STATE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK PAGE STATE IX DIRECTOR: 220. I certify that I took charge of the remains described above, held an Autapsy Inspection Natural causes X death resulted fram: Hamicide L Undetermined manner TITLE (SPECIFY) 2/26/79 TO FUNERAL E
AFTER DEATH, N
BALTIMORE ACTUAL Deputy SIGNATURE MEDICAL EXAMINER SIGNED 12800 Willow Wind Circle, Oxon Hill, Md EXAMINER'S NAME Augusto P. Rodrigue 2002 (TYPE OR PRINT) ADDRESS 23¢, NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE Burial March 1.1979 Ft. Lincoln Cemetery Brentwood 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** NAMROLLins Funeral Homporess Inc. 4339 Hunt Pl. (VR A15 ME (5)) 15M 7/77

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DHMH - 16 50M7/77 (VR A 15 (4))

FOR - STATE REGISTRAR DECEASED NAME TYPE OR PRINTI

Gebriel

Conditions, if ony, which

gove rise to immediate couse (a), stating the

underlying cause last.

90 DATE OF OPERATION

210. ACCIDENT WAS UNDERLYING

LIF EITHER, NOTIFY MEDICAL EXAMINER)

21d. INJURY OCCURRED

Burial

WHILE

(SPECIFY

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE 22a.1 certify that (1) (this hospital) attended th

(YES, NO OR UNKNOWN)

no

Joseph

136 COUNTY

18 CAUSE OF DEATH (Enter only one cause per PART I. DE ATH WAS CAUSED BY

PART 2. OTHER SIGNIFICANT CONDITIONS C

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (0)___

DUE TO. O

DUE TO, O

19b. COND

21b. TIME C

HOUR A

21e. PLACE AT HOME, STI

(b)___

G.

4 RACE Cay

76 CITIZEN OF

11. NAME OF IE NOT IN SUC

DEPARTM	ENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	GIENE REG. N	79	- 0 5	039
MIDDLE		AST		MONTH DAY	YEAR	26 HOUR
	Ve	nneri Sr.	SINCE LOS	2-3	-79	9:358
	S. DATE C		6. AGE (IN YEARS LAST BIRT		UNDER 1 YEAR	HOURS MIN
JS Nat.	MARRIE WIDOWE	NEVER MARRIED	Prince C	7		MD.
HOSPITAL, NURSING THE FACILITY, GIVE STREET A TOLL		DR OTHER INSTITUTION	120. USUAL OCCUPATI	F WORKING LIFE	IMDUSTRY	F BUSINESS OR Truction
GIVERESIDENCE BEFORE		13d. INSIDE CITY LIMITS?		ccolar	ta D	r.
EXX Venn	eri	Frances	Altomare		LAS	т
166 SOCIAL SECUE	RITY NO.	17 INFORMANT	ADDRE	SS		
281-12-	1476	-A Lillian	Venneri.	sar	ne as	13 a-e
Metasta R AS A CONSEQUE	LIC NCE OF	Adenocarca	inoma		BETWEEN	MATE INTERVAL THE ST OF A THE
ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN	I IN PART I (01
ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200. AUTOPSY?	20b. IF YES, V IN CERTIFYIN	NG CAUSES	
PFINJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURI	RED JENTER NATURE OF INJUR	Y IN ITEM 18, PART	1 OR PART 2)	
OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC.)	211 LOCATION STREET	CITY OR TOW	W	COUNTY	STATE
e deceased from		7-78 , 19	, to			that (1) (we) lost
d a		DEGREE	MEDICAL STAR		224. DATE	1

saw the deceased afive on_ above, (1) (we) (did) (did not) view the body 22b. SIGNATURE 22d PHYSICIAN'S NAME (TYPE OR PRINT) William Kent Furst 23c. NAME OF CEMETERY OR CREMATORY

Ft. Lincoln

PHYSICIAN DIRECTOR PHYSICIAN

STATE

Regency Nursing Home, Forestville, Mc

23d. LOCATION

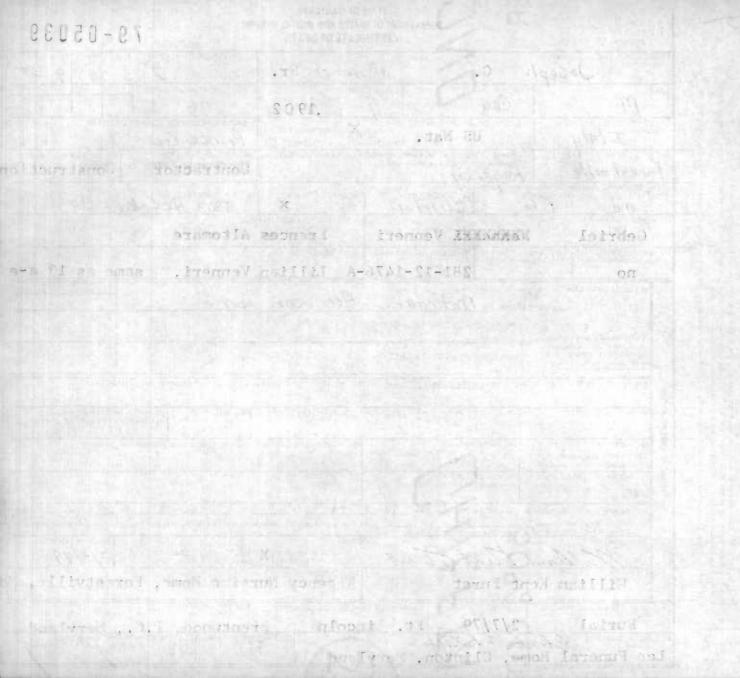
COUNTY

24 FUNERAL DIRECTOR Galls F BOOK

23b. DATE

Brentwood P.G. Maryl.
250. DATE REC'D. BY REGISTRAN 256. REGISTRAN'S SIGNATURE Maryland

Lee Funeral Home, Clinton, Maryland



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-05040

Alexandria, Virginia

250. DATE-REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 2a. DATE OF DEATH MONTH TYPE OR PRINT VIOLA 02 - 01 - 79WADE 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR DAYS HOUR5 Negro Sept. 19. 1910 Female BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Florida U.S.A. WIDOWED A DIVORCED [PRINCE GEORGE'S 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION O CITY OR TOWN OF DEATH 120. USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY CHEVERLY PRINCE GEORGE'S GENERAL HOSPITAL none none USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136 COUNTY 113c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 7723 Riverdale Road, Apt. 102 Maryland Pri. Geo. ew Carrollton YES X NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST FIRST Edward Unknown Payton ADDRESS New Carrollton, 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 267-74-1646 Alphonso Wade, Jr.,7723 Riverdale Rd., Md. mo APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) & PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate couse (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO DESTRUCTION 2015. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 1,25.7 NOI 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING _ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1)(this haspital) attended the deceased from saw the deceased alive on abave (1) (we) (did) (did no) view the and that in (1979) (aur) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATU DEGREE 22c. DATE SIGNED ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) Haluk Boneval, M.D. 6001 Laddover Rd., Cheverly, Maryland 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE

Metropolitan Crematory

BP DHMH - 16 50M 7/77 (VRA 15(4))

(SPECIFY)

Cremation

Feb.2.1979

Robert G. Beall Lanham Funerals Home 9013 Annapolis Road, Lanham, Maryland

ttending physician and completely filled in by the funeral director ve corbanpapers. Pages I and 2 should be filed within 72 hours af

inermust be notified of once.

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event, the

injury, or other troumatic

should be detoched for use as the buriol-tronsit permit. Then please remove corbon paper with the State Dept. of Heolth and Mental Hygiene prior to buriol, cremation, or remaval.

IMPORTANT: If them 21 is morked or them 18 shows ony

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-05041

	1 -	FOR STATE REGISTRAR	DEPA	RTMENT OF H	ICATE OF	79-	9-05041					
		CEASED NAME FIRST OR PRINT)	WILLIAM \	WALKER	AST		REG. NO. 20 DATE OF DEATH MON 02	-23-79	YEAR	26 HOUR 6:30 P _M		
		Male	A RACE Negro	5. DATE O		YEAR 1906	8. AGE (IN YEARS LAST BIRTHDA'	YRS		IF UNDER 24 HRS HOURS MIN,		
7	S	RTHPLACE STATE ORFOREIGN DUNTRY	7b CITIZEN OF WHAT COUNTS United States	MARRIE	D D	MARRIED	PRINCE GEO		EATH	MD.		
4	C	TY OR TOWN OF DEATH	PRINCE GEORGE	S GENE			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	DRKING LIFE] IN	DUSTRY	r BUSINESS OR		
5	Me Me	aryland Prin		NWC	13d. INSIDE (NO 🗌	13e STREET ADDRESS 5101 Duel F	Place				
00	14. FA	THER'S NAME FIRST	MIDOLE LAST		15. MOTHER	S MAIDEN NAM	WIOOFE WIOOF		LAST			
160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 160. SOCIAL SECURITY NO 17 INFORMANT ADDRESS F10rence Walker-Wife												
		PART I. DEATH WAS CAUS	nly one couse per line for (a), (b), ED BY: (TE CAUSE (a) CAPDIA	Α.	rreal				APPROXIMATE SET WEEN O	MCURS		
		2500 Conditions, if ony, which	DUE TO, OR AS A CONSECUTION (b) DOSSI	DIENCE OF	10card	al IN	furction					
		gove rise to immediate couse iol, stating the underlying couse lost Due to, or as a consequence of Dia Delico Welling 20 years										
	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 110) CHUVIC REMAC FAILURE 2° + DIALES Melling										
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFO	DRMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO YES NO					
7		2) a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER		DAY YEAR	21c HOW IP	NJURY OCCURR	JRRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)					
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	FFICE, FARM, ETC.) 211 LOCATION STREET			CITY OR TOWN	со	UNIY	STATE		
		sow the deceased alive or	view the body ofter depth	77 -	nd that in (my	, 19 <u>7_ 9</u>) (our) opinion d	eath occurred on the date	ond hour and		that (I) (we) lost couses stated		
0		22b. SIGNATURE	will	m		-	MEDICAL STAFF		2c. DATE	24/79		
1		STEUR W	Pollake	MA	22e ADDRE	log Avi	TH PLACE	CAMP	SF	rin65		
	- 65	BURIAL, CREMATION, REMOVAL SPECIFY) Urial	1 -1	Harmony		crematory	23d. LOCATION CITY OR TOWN Landover	PG M	arvl	STATE and		

TO FUNERAL DIRECTOR:

O HOSPITAL

DHMH-16 50M 7/77 (VR A 15 (4)) NAME

24 FUNERAL DIRECTOR

ALEXANDER S. POPE

2617 Pennsylvania Ave., S.E.

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

62/25/79 Person to the first term of the first term of the first terms of the first terms

ALEYALDER E. POPP. SOLV Pennylynnia Ave., S.F.

Interior

STATE OF MARYLAND

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter

retained by the haspital or attending physician.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burnal-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours offer death with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or removal.

injury, or other troumotic event, the

IMPORTANT: If Hem 21 is morked or Item 18 shows ony

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-05043	7	9	_	0	5	0	4	3
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REGISTRAR		CERTIFICATE (OF DEATH	REG. NO.	19-050	143				
I. DECEASED NAME FIR	ST MIDDLE	LAST	20.	DATE OF DEATH MON	TH DAY YEAR	26 HOUR				
PE	ARL E.	WASHINGTO	N	0:	2-03-79	9PM M				
3. SEX	4 RACE	5. DATE OF BIRTH	AY YEAR	AGE (IN YEARS LAST BIRTHDAY	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN				
F	В	12-15-1	910	68	YRS.	HOOKS MIN				
70 BIRTHPLACE (STATE OR FOREIGH	76 CITIZEN OF WHAT COUN	MARRIED NEV	VER MARRIED . 9 F	BALTIMORE CITY OR C	OUNTY OF DEATH					
Mo.	U.S.A.	WIDOWED	DIVORCED PI	PRINCE GEORGE'S COUNTY						
CHEVERLY	II. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE EXTENDED CARE	STREET ADDRESS]	(17)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE HOME						
130 STATE 13b	OME OR OTHER INSTITUTION, GIVE RESIDENCE COUNTY 13c. CITY OR SEAT PO		DE CITY LIMITS? 13e	STREET ADDRESS	er Dn.					
14. FATHER'S NAME FIRST	MIDDLE LAS		HER'S MAIDEN NAME FIRST	WIDDLE	FLEET	st				
160 WAS DECEASED EVER IN U (YES, NO GRUNKNOWN) (IF Y	S. ARMED FORCES? 166 SOCIAL es, GIVE WAR OR DATES)	SECURITY NO. 17. INFO	11	ADDRESS TON- SAME	05 # 12 AE	201/10				
	iter only one couse per line for (a), (l		ES WHOMING	STON JAME		IMATE INTERVAL ONSET AND DEATH				
Conditions, if ony, whi gove rise to immedia couse (o), stoting t underlying couse to	DUE TO, OR AS A CONS	SEQUENCE OF	ERFORMED	20a AUTOPSY? / 20	ON GIVEN IN PART III b. IF YES, WERE FINDIN I CERTIFYING CAUSES YES [7]	NGS USED				
OR CONTRIBUTING CALLER	OF DEATH HOUR A.M. MONTH		W INJURY OCCURRED	(ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2]					
CIFETHER, NOTIFY MEDICAL EXA WHILE AT WORK AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	211 LOC	ATION	CITY OR TOWN	COUNTY	STATE				
sow the deceased of	hospital) attended the deceased five on 3 did not view the body ofter death.	m (2	ATTENDING & N	th occurred on the dote of	and hour and from the					
17. A. N	TOLAVI,	1. n. 22e. ADI	DRESS	over Rd	cheverly	nd				
2 BURIAL CREMATION, REM	236 DATE 2-8-79	230. NAME OF CEMETERY FT. LINCOLN	0	23d. LOCATION CITY OF TOWN BLADENSBU	RG . COUNTY	STATE 7				
24 FUNERAL DIRECTOR NAME H-S. WASHINGTO	N+ SONS 4925 B	ss		CD. BY REGISTRAR 256.	REGISTRAR'S SIGNAT	TURE				

DHMH - 16 50M 7/77 (VR A 15 (4))

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South Secretary		MAD TO GENERAL	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN P (TYPE OR PRINT) ESTI-DEATH MATED 1979 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 79 60 DEAD 6. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Va **GEORGES** DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE HOUSEWIFE 13d INSIDE CITY LIMITS? VES L 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST LAST Unknown Sally Croston 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 234 32 7670 Gary Cooper New Carrollton Md. no CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY w Selentre Cordio Vi seules discas IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. 190, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E DEPARTMENT OF H YES NO [21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY NOT WHILE AT WORK ULD BE FOR 220. I certify that I took charge of the remains described above, held an Inspection and in my apinion Natural causes Hamicide Undetermined manner TITLE (SPECIFY) EXECUTE THE CIPAGE A SHOUL AFTER DEATH AFTER DEATH, V BALTIMORE, MA MEDICAL EXAMINER EXAMINER'S NAME AUGUSTO P 12800 WILLOW WIND CIRCLE, TANTALLON, MD TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Feb 10, 1979 Mapelwood Cemetery Kingwood Preston West Va 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 35 REGISTRAR'S SIGNATURE **DHMH - 17** NAME. Gasch's Sons P A Hyattsville, Md. (VR A15 ME (5)) 15M 7/77

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STATE OF MARYLAND 79-05045 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDDLE 2a DATE OF DEATH MONTH YEAR 2b HOUR (TYPE OR PRINT) BERNICE 2 WILLET .55 AM 4 RACE 6. AGE LIN YEARS LAST BIRTHDAY) IF UNDER LIVEAR MONTH DAYS Female White 11 1890 88 Sept BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED USA Indiana Prince George's WIDOWEDX 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE)
Housewife Southern Maryland Hospital Clinton DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 13b COUNTY 13e STREET ADDRESS 13d INSIDE CITY LIMITS? P.G. Upper Mrlbord Md. 5436 Old Crain Highway 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Wilson William Armstrong Margaret Ann ADHISIde, Md. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) Lillian Schultz, 924 Mentor Ave. 216-12-4249 No 18 CAUSE OF DEATH (Enter only ane cause per line far a), (b), and ic-PART I. DEATH WAS CAUSED BY Weeks grang agas IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF arterial occlusive disease , years Conditions, if any, which recipieral gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF cause last underlying Atheros deratic commany heart 400.15 a a CERTIFICATION colobro- bas rular 208 IF YES, WERE INDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOD YES [NOF Hygier Hygier 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL à LIFEITHER, NOTIFY MEDICAL EXAMINER 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 19 220.1 certify that (1) (this hospital) attended the deceased from. Feb. II 19 39 sow the deceased alive on. , and that in (my) (our) apinian death accurred on the date and haur and fram the causes stated obove, (1) (we) (did) (did nat) view the bady after death 22h SIGNATURE DEGREE 22c. DATE SIGNED M.D. should be det with the State IMPORTANT PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 224 PHYSICIAN'S NAME ITYPE OF PRIN dinden mary land M. D 20135 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE (SPECIFY) Suitland, P.G., Maryland 2-14-79 Cedar Hill Cemetery Burial 4308 Suitland 15 DATE REC'D, BY REGISTRAR 256 BESTRAR'S SIGNATURE 24 FUNERAL DIRECTOR RODE DHMH - 16 60M 1/75 distry McCreedy Suitland, Md. (VR A 15 (4)) Rd., Funeral Home

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Land Same Light	1. DECEA	SED NAME			MIDDLE			AST	JAIL O		2a. DATE KNOV			2b. HOUR	
	(TYPE OR	PRINT)	JOHN	U. WILLIA	MS						OF EST		23 1979		
	3. SEX MAI	E	A. RACE BLACK	5. DATE OF BIRTH	YE AR	6. AGE (IN YEA LAST BIRTHDA 57 YR	Y) MONTHS		IF UNDER	24 HRS. MIN.	2c. DATE PRONOUNCED DEAD	2-23	DAY YEAR 79	3 H84R	
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PAGE 5 PAGE 5 E PHED, V	CHEV	ERLY	OF DEATH	RSING HOME, OR OTHER INSTITUTION (REEL DORESS) HOSP. (DOA) 126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) BUS Driver							OR INDUST Metro	MD JSINESS RY			
D. 21201 H. IF ANY DELAY IS N. 2, AND 3 TO THE FIG. 3. RETAIN PAGE 5 2 SHOULD BE FIED. AL RECORDS, 301 W.		ESIDENCE (IF IN NURSING HOME O 13b. COUNT PRINC	R OTHER INSTITUTION, GIV TY E GEORGES	13c. CITY	BEFORE ADMISSION OF TOWN		3d. INSIDE CI	ITY LIMITS?	13e. STR	EET ADDRESS VERMON				
RE, MD. 2 R DEATH. II GES 1, 2, GRS PM 3. AND 2 S OF-VITAL	14. FATHE	R'S NAME FIRST NKNO	wn	WIDDLE		LAST		Est	R'S MAIDE	N NAME	MIDDLE		LAST		
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L RECORDS, 301 ULD BE EXECUTE "PENDING" IN P IEF MEDICAL EX, SED AS A BURIAL HEATTH AND M CREMATION, OR		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).										5,3			
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TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV. TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST BALTIMORE, MARYLAND, 217	AC SIC	eath resulte TUAL GNATURE	NAMEA I O IS TO	e of the remains desc al causes X, O P. RODR	Accident Odlar IGUE	. Sui	D.	Homic TITLE (SI EPUTY 1280	PECIFY)		Inquiry X, ermined manner	and in my o , DATE SIGN	pinian ED 2-23-7	9	
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DHMH - 17 (VR A15 ME (5)) 15M 7/77		bert		on, Inc.	Wash	ningto	n,D.	c.	25a. DATE R	B 2	rentwoo	REGISTRAR'S	SIGNATURE	14	

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F, WRITING SRWARDED PAGE 3 SI STATE DEP 21201 PRIO	MED	21d. INJURY O WHILE AT WORK	NOT WHILE AT WORK	21e PLACE STREET, FAC	OF INJURY		211. LOCA STRE			CI	TY OR TOWN		COUN	NTY	STATE
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DHMH - 17 (VR A15 ME (5)) 15M 7/77	24. 1	NAME PO	Box 512					2	So. DATE REC	EB 2	8 19	9. REGI	SIKAR'S SK	GNATURE	1

STATE OF MARYLAND

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STATE OF MARYLAND 79-05049 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME TTYPE OR PRINTI 324 DAVID PAUL WITTER 3 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH White July 1, 1905 HOURS Male 9. BALTIMORE CITY OR COUNTY OF DEATH IN BIRTHPLACE ISTATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland Prince George's 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 17h KIND OF BUSINESS OR Leland Memorial Hospital Clerk Ret. Riverdale Univ. of Md. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ProuNGeo's Univ. Park L327 Van Buren Street Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME David Minerva Witter Loats ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) San Ant. (IF YES GIVE WAS OR DATES) Mrs. Delvin S. Witter (sis-in-law) 577-09-1382 Texas BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY: myocardial in farction hours Undeterm. disease rterio scleratic heart Canditians, if any, gave rise to immediate couse (a), stating DUE TO OR AS A CONSEQUENCE OF PART 2 OTHER SAGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 O None 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216. TIME OF INJURY AYEAR (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2 HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEAT DAY (IF EITHER, NOTIFY MEDICAL EXAMPLE) 211. LOCATION 21e. PLACE OF INJURY STREET CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 220.1 certify that (1) (this hospital) attended the deceased from Jan saw the deceased alive on_ and that in (my) (ear) apinian death occurred an the date and hour and fram the causes stated DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN CIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ould k Simpsm. 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION Westminister Carroll, Md. Kriders Cemeterv BP Burial REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 Francis Gasch's Sons, PA, Hyattsville, Md. (VRA)5(4))

19-05049

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Nalley's F.H. Inc. ADDRESS Mt. Rainier. Md.

MIDDLE

- STATE

DHMH - 16 60M 7/73 (VR A 15 (4))

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

79-05050

IF UNDER TYEAR

2b. HOUR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

Md.

STATE

COUNTY

REGISTRAR 256. REGISTRAR'S SIGNATURE

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IMPORTANT: If Item 21 is marked or Item 18 shows

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	3. SEX		4 RACE		5 DATE C		YEAR	6 AGE (IN YEAR	S LAST BIRTHDAY)		DER I YEAR	IF UNDER 24 HRS	
		Male	W	nite	2	9	05	74	YI	MONTHS	5 DAYS	HOURS MIN	
200		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	IAT COUNTRY?	8 MARRIE	□ NEVER	MARRIED [9. BALTIMORE	CITY OR COU				
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1	n	TY OR TOWN OF DEATH	11. NAME OF HO				TITUTION	12a USUAL OC	CUPATION OR MOST OF WORKIN		. KIND O	F BUSINESS OR	
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d		underlying cause last.	(c)										
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO D	EATH BUT	NOT RELATE	D TO THE TERMI	NAL DISEASE C	OR CONDITION	GIVEN IN	PART 1/o		
4	CERTIFICATION	19a DATE OF OPERATION	TIAL CONDITIO	ON FOR WHICH	OBERATION	LIVALA C DE DE	DALED	20a AUTOPS	.v2 120k	YES, WER	E EINIDIN	CELICED	
	FICA	DATE OF OPERATION	148 CONDING	DIN FOR WHICH	OPERATIO	V WAS PERF	JKMED		INCE	RTIFYING		OF DEATH?	
	ERTI	21a. ACCIDENT WAS UNDERLYING	1 21b. TIME OF IT	V II IRY		Tale How It	NJURY OCCURR		OE INTURY IN ITEA	YES	D DART 2)	NO [
		OR CONTRIBUTING CAUSE OF DE	HOUR A.M.			210 110 11 11	TORT OCCORR	ED (ENIER NATION	E OF HAJORY HA HEN	16, PART 1 O	R PARI 2)		
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M. 21e. PLACE OF	INTILIDY	19	21f. LOCATI	ON						
	ME	WHILE NOT WHILE		FACTORY, OFFICE, FA	ARM, ETC.)	STREET		c	ITY OR TOWN	cc	YTNUC	STATE	
		ATWORK ATWORK	2 12 2 12 12 12	1.6	2	10	10 79		1)2	10	75		
		22a.l certify that (1) (this hasp saw the deceased alive a	2/	22 19	79.0	1) (our) apinion d	leath occurred	on the date and	hour and	,	that (1) (we) lost	
		above, () (we) (did) (did no	of view the body oft	er death.	-	DEGREE					22c. DATE		
		for 1	1 101.1	Jana De	no		ATTENDING	MEDICAL	STAFF		2/2	2/79	
-		224 PHYSICIAN'S NAME (TYPE)	· ////	musi.	100	1220 ADDRE	PHYSICIAN A	DIRECTOR	PHYSICIAN L		7	//	

DHMH-16 50M 7/77 (VR A 15 (4))

TO HOSPITAL

230. BURIAC, CREMATION, REMOVAL (SPECIFY)

Removal 23b. DATE M 2/26/79 23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION

COUNTY

STATE

24 FUNERAL DIRECTOR

Anatomy Board

Balto., Md.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) Sinclair HENSEL . Young DEATH MATED 4. RACE 3. SEX DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 7-11-07 PRONOUNCED -18 MALE WHITE Je. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED MARRIED Maryland II.S.A. PRINCE GEORGES WIDOWED DIVORCED TO THE FL PAGE 5 BE FILED, IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK pormost of working (IFE) OR INDUSTRY CLINTON SOUTHERN MARY LAND SHOSP. Truck USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 113b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MARYLAND PRINCE GEORGES NO. Y BRANDYWINE ROX 1 99 R+ ONTIAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE AND Eva William GREER Conway Young 16e WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 6717 RESLivingston Rd. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes 217-18-2292 Philip T. May Oxon Hill, Maryland WW II 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I DEATH WAS CAUSED BY:

AS PHYX IA BETWEEN ONSET AND DEATH BURIAL-TRANSIT PERMIT IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which AND MENTAL gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL. YES [PRIOR TO BURIA 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING POR CHOKED ON BOLUS OF MEATWHILE EATING 2-17 CONTRIBUTING CAUSE OF DEATH 21d, INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION WHILE AT WORK 1 . BRANDYWINE PR. PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND, 211 Inspection # 22a. I certify that I took charge of the remains described above, held on Autopsy and in my opinian Homicide L Undetermined manner TITLE (SPECIFY) DEPLITY DATE SIGNED 2-20-79 MEDICAL EXAMINER 12800 WillowWind Circle, Tantallon, Md. EXAMINER'S NAME CUSTO P. RODRIGUEZ 20022 73a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 2-23-79 Emmanuel Meth. Cem. Baden Maryland 24. FUNERAL DIRECTOR 25a. DATE RECED. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) 15M 7/77

9-05052 annus Timbonlary .t.masm A Section of the second second distance in 21 milest tempes in the bastlift . To missington Tira believed to the more were the letter the state of the state of the state of THE PROPERTY O moffman, ...intle polinerity opens Burd gradt . . D. C. school . mer. . das f Sommer 13 07-58-5 Entral CH Transfer IT Fine